

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS RECEIVED

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| DARNEIL DUETT   | THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT                              |
| (Enter above the full name of the plaintiff or plaintiffs in this action) | 1:16-cv-4845 Judge Thomas M. Durkin Magistrate Judge Mary M. Rowland PC1 |
| vs.   | Case No:   |
| "THOMAS DART"   | (To be supplied by the <u>Clerk of this Court</u> )                      |
| DIRECTOR   JONES"   | "Sgt. DAily"   |
| "DIDECTOR MOORE"  | "Superintendent BROWN"   |
| "C/O MOCZARNA"  | "C/O RIVEY"  |
| "Commander/ Dominque  |  |
| SQ4. PECK   | Nurse Short  |
| (Enter above the full name of ALL   | "MALZE TYNE DOE"   |
| defendants in this action. <u>Do not</u>                                  | "Yo John DOE"  |
| use "et al.")   | "40 JONN DOF"  |
| CHECK ONE ONLY:   | 40 20NU DOF  |
|   | THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)     |
|   | THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)      |
| OTHER (cite statute, if k   | known)   |
| BEFORE FILLING OUT THIS COMP  | PLAINT, PLEASE REFER TO "INSTRUCTIONS FOR                                |

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

| I.  | Plai   | intiff(s):  |
|-----|--------|---|
|     | A.     | Name: DARNELL DUETT   |
|     | B.     | List all aliases:   |
|     | C.     | Prisoner identification number: 20140626293   |
|     | D.     | Place of present confinement: Cook County Jail  |
|     | E.     | Address: P.O. Box 089002 Chicago 12 66608   |
|     | num    | here is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. ber, place of confinement, and current address according to the above format on a rate sheet of paper.)   |
| II. | (In A  | A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in <b>B</b> and <b>C</b> .) |
|     | A.     | Defendant: THOMAS DARY  |
|     |        | Title: SHERIFF  |
|     |        | Place of Employment: Cook County Jail   |
|     | B.     | Defendant: Jones  |
|     |        | Title: DIRECTOR   |
|     |        | Place of Employment: Cook County Jail   |
|     | C.     | Defendant: MOORE  |
|     |        | Title: DiRECTOR   |
|     |        | Place of Employment: Cook County Jail   |
|     | (If yo | ou have more than three defendants, then all additional defendants must be listed ding to the above format on a separate sheet of paper.)   |

| I. | Plai  | ntiff(s):   |
|----|-------|---|
|    | A.    | Name: Dagwell DUETT   |
|    | B.    | List all aliases:   |
|    | C.    | Prisoner identification number: 20140626393   |
|    | D.    | Place of present confinement: Cook County Jail  |
|    | E.    | Address: P.O. Box 089002 Chicago 12 60608   |
|    | numi  | here is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. ber, place of confinement, and current address according to the above format on a rate sheet of paper.)   |
| П. | (In A | ndant(s):  below, place the full name of the first defendant in the first blank, his or her official ion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in <b>B</b> and <b>C</b> .) |
|    | A.    | Defendant: DoM. NGUEZ   |
|    |       | Title: CommaNDET  |
|    |       | Place of Employment: Moc7 ARAL Cook County Jail   |
|    | B.    | Defendant: MOCZARNA   |
|    |       | Title: Correctional officer   |
|    |       | Place of Employment: Cook County Jail   |
|    | C.    | Defendant:PECK  |
|    |       | Title: SErgent  |
|    |       | Place of Employment: Cook Count Jail  |
|    | (TC   | Y   |

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

I plaintiff

A. WAME: DarNEN DUETT

B.L.ST All AliaNES: NA

episoner identification number: 20140626293

D. Place of present confinemental: cook country Jail

E. Address: Pro. Box 089002 Chicago IL 60608

II Defendant(s)

A. Defendant: DAily

Title: Strgant

place of Employment; cook county Jail

B. Defendant: BROWN

THE: Superintendent

place of Employment, cook county Jail

C. DEFENDANT! RILEY

Title: Correctional officer

Placed Employment; cook county Jail

I plaintiffs

A. NAME: DarNEIL DUETT

B, List All Aliasesi NA

Coprisoner identification number; 20190626293

Diplace of present confinent: cook count Jail

E. Address: p.o. Box 08 9002 Chicago 1 60608

II DEFENDANT (S)

A. DEFENDANT: VEREEN

Title: Correctional officer

place of Employment, cook county Jail

B. Defendant: LEE

THE: NUISE

place of Employment: cook county Jail

C. DEFENDANT: Short

Title: Nurse

place of Employment, cook county Jail

I praintiffs

A. NAME: DARNEIL DUETT

BULISH All AlleGES! NA

C. prisoner identification number; 20160626293

D. Place of present confinent: cook county Jail

E. Address: P.O. Box 089002 Chicago IL 60608

II Defendant(5)

A. Defendant! JAME DOE

Title: Nurse

place of Employment: cook county Jail

B. Defendant: John DOE

Title: Correctional officer-

place of Employmenti Cook county Jail

C. DEFENDANT: JOHN DOT

Title: Correctional officer

place of Employment: cook country Jail

| III.       | cou | ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal rt in the United States: |
|------------|-----|---|
|            | A.  | Name of case and docket number: 13C 3533  |
|            | В.  | Approximate date of filing lawsuit: 3-13-13   |
|            | C.  | List all plaintiffs (if you had co-plaintiffs), including any aliases:  |
|            | D.  | List all defendants: Booney Jones, Et al Ton Dort   |
|            | E.  | Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):  |
|            | F.  | Name of judge to whom case was assigned: THomas Durkns  |
|            | G.  | Basic claim made: FXCESTIVE forces.   |
|            | Н.  | Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):        |
| , 53<br>28 | I.  | Approximate date of disposition:  |

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III.

| Name of case and docket number: 13 C 4500  |
|--|
| Approximate date of filing lawsuit: 3-13-13  |
| List all plaintiffs (if you had co-plaintiffs), including any aliases:                             |
| List all defendants: V, Thomas Ton, Dart   |
| Court in which the lawsuit was filed (if federal court, name the district; if st name the county): |
| Name of judge to whom case was assigned: Thomas Dwkin  |
| Basic claim made: ExcESSIVE force failure  |
| Disposition of this case (for example: Was the case dismissed? Was it appending?):                 |

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

| 1,          | 1 =1 All laws its wouldn't nour co-praintiffs if any have filted in any State  |
|-------------|--|
|             | List All lawsuits you (and your co-praintiffs, if any) have little in any State or federal court in the united states: |
|             | NAME of case and docket number: 15 C 7007  |
| R           | Approximate date of filing lawsulf: 8-10-15  |
| S. (        | List all plaintiffs (if you had co-plantiffs), including any aliases i DARNEH OLETT                                    |
| D,          | List All defendants: Guadappoura, John Doe, Tom Dart   |
| £,          | Court in which the lawsuit was filed: Northern District  |
| <b>I</b> .  | want of Judge to whom cost was assigned! Thomas Durkin   |
|             | Basic Claim made: Excressive force   |
|             | Disposition of this cast: pipuding   |
| T           | Approximate date of disposition; NA  |
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| 7.7 7.6     |  |
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#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

in cook county Jail on 9-30-15 and was assign and upon my arrival i was not notified by Go John DOE NOT administration. manatestation of body like problem on Division 8 RTU 47, Officials can be found Consitution for denying an inmate humane conditions Confinement when the officials knows of and distregards an Excessive risk to immate health and Safety. The officials were both aware of facts from which the inference could be drown that a Substantial risk of harm Exists. There have been multiple Compliants brought forth by C/O RILEY, C/O VETEEN, C/O JOHN DOE, SQT. PECK Soft. Daily, Commander Dominquez, Director Moore, Go MocZarna, Nurse LEE, Nurse Short, nurse, JANE DOF, Superintendent Brown, and Clo John Doe, on multiple dates such as 101-15 to 1028-15 (3)I DARNEIL DUETT

personally brought the problem to the intention of c/o John DOE on 105-15 which is the date i first caught the infection, I was only given a bottle of lice lotion and a comb. Then on 10-20-15 i was infected again so i brought it to the intions of yo MATOS BROJEH 17424, he SENT ME to health care which i was giVEN more lotion and a comb from NUTSE JANE DOE after I ShowEd her the bugs on me. I was sent back to the same deck that happen to be infected with these bugs. The deck Still have Not been quarintine and no type of Exterminater was called in to get rid of the infest Atation, so Not only me catching the infection three times there was many other inmates on the BECK Catching the infection multiple times also and 4) multiple ismates put in grituances of the infection that is going on And Still haven't nothing that Should be adequately done to get rid of the infection have been done yet Dofficials tailure to alleviate a Significant risk that they have perceived but did not, while cause for Commendation, can be condemned as the infliction

of punishment (6) liability are imposed on officals solely because of the presence of objectively inhumane Jail Conditions. Although State of mind, like intent, is an ambiguous term that can Encompass objectively defined levels of blameworthiness (7) An act or omission unaccompanied by knowledge of significant risk of harm might well be something society wishes to discourage, and if harm does result society might well wish to assure compensation (8) prison officials must satisfy a subjective requirement, clo's and officials showed deliberate indifference to claims, based on officials failure to prevent infection from constantly spreading. To act recklessly in Either Setting a person must consciously disregard a substantial risk of harmitialing of recklessness only when a person disregards a risk of harm of which he is aware (9) The officials recklessly acted and has a duty to act fail to act in the face of an undustifiably high risk of harm that was known and obvious, so it is, indeed, fair to say that failing to act with deliberate indifference to a substantial risk of harm to immates is the Equivalent of recklessly disregarding that risk (10) Complaints and gritvance gave officials a knowing willingness that harm occur, the facts are also clear that it is Satisfied by Something more than acts and emissions for the very purpose of causing harm or with knowledge that harm will result, officials showld more than ordinary lack of due care for the immates interests and Safety. (11) officials acted like Criminals, a Subdective approach to recklesness. The Standard for reckless disregard for the truth in a defamation action by

officials is a subjective one, requiring that the defendants in fact Entertained Serious doubts as to the truth of they publication, the defendants actually had a high degree of awareness of the infection going on (iD) (officials know of a risk, and it is suffices that they knew) use of deliberate for Example, arguably requires nothing more than an act or omission of indifference to a serious risk that is voluntry, not accidental. The concept of constructive knowledge is familiar that conclusively resumed awareness from a risks obviousness (3) In light of the duties assigned to specific officials or EmployEES the NEED for more or different training is so obvious, That Thomas Dart and director Jones, Know. And the inadequacy so likely to result in the violation of many constitutional rights, that the policymakers (Thomas DARY and director Jones) upon my belief can reasonably be said to have been deliberately indifferent to the NEEDS of inmates (II) officials had the requisite knowledge of a substantial risk is a fact subsect to demonstration in the usual ways, including inference from Circumstantial Evidence. Therefor officials knew of a substantial risk from the very fact that the risk was obvious. The risk was obvious, so that a reasonable man would realize it, is enough infer that the defendants did in fact realize it, and the inference was Conclusive, More than a subjective approach present officials with any serious motivation to take refuge in the zone between ignorance of obvious risks and actual knowledge of risks (15) Inflictions of punishment carry liability permitting liability when a municipality disregards obvious NEEds. Officials fatiure Shows a deliberate indifference to the rights of its inhabitants

Officials were reckless in a criminal sense, meaning that they had "actual knowledge" of a potential danger. Officials, however, never lacked the requisite knowledge. Inmates Expressed concern for our safety to many officials. (16) The constitution does not mandate comfortable Jails, but NEITHER does it permit inhumane ones, and it is now settled that the treatment a immate receives in Jail and the conditions under which immates is confined are subject to scruting. The constitution also imposes duties on these officials, who must provide humane conditions of confinement, officials must Ensure that immates receive adequate clothing, Shelter, and medical care; and must take reasonable mEasures to guarantee the safety of the inmates (17) CCDOC officers and EmployEES, have StrippEd us of virtually Every means of self-protection and foreclosed our access to adequate aid, officials are not free to let the State of Nature take its course. (18) Restrictive and EVEN harsh, being infected is simply not part of the penalty that inmates pay for our offenses against society, officials action and omission result in the denial of the minimal civilized measure of lifes necessities. THE deprivation was obsectively, sufficiently serious (19) All inmates that was infected showed that we is incarcerated under conditions posing a substantial risk of harm. IN Jail-conditions that State of mind is one of deliberate indifference to immates health and safety (20) To violate the cruel and unusual punishments clause, a official must have a sufficiently culpable State of mind, and Shows that deliberate indifference of

officials State of mind was more blameworthy and negligence (21) Inadequate Jail medical care violated the cruel and unusual punishments clause. Deliberate indifference to our medical needs, from negligence in diagnosing and treating a medical condition. (22) 40 VEREEN, C/O RILEY, C/O MOCZARNA, C/O JOHN DOE, C/O JOHN DOE, Sgt. PECK, Sgt. Daily, Superintendent Brown, Commander Dominguez, NUTSE IEE, NUTSE Short, NUTSE JAME DOE. HAZ KNOW TEGGE That harm will result. Thus, it is the Equivalent of acting recklessly. This Establish the level of culpability deliberate indifference entails, subjective recklessness only because officals has disregarded a risk of harm of which they was aware is a familiar and workable standard that is consistent with the cruel and unusual punishments clause. 23) failure to alleviate a significant risk that an official Should have perceived but did not Jail officials is not free to ignore obvious dangers to inmates, official had the requisite Knowledge is a fact subject to demonstration in the usual ways. (27) officials knew of a substantial risk from the risk but did not think that the complainants was Especially likely to be infected by the immate who Started the act. It does not matter whether the risk came from a particular source or whether a immate faced the risk for reasons personal to him or because all inmates in our situation faced the risk, prison officials art held liable if they were awart of EVEN on obvious risk or if they responded unreasonably to a known risk, Even if the harm ultimately was not averted (25) Immates took advantage of adequate Jail procedures to resolve the

infection from spreading, but inmates in coloc have to suffer physical indury before obtaining prospective relief. The subjective test adopted today is consistent with the principle that one does not have to await the consummation of threatened injury to obtain preventive relief. The grievance procedures, notifyed officials of a danger. The gritvances alone is Enough to show that the officials was subjectively aware of the risk, so officials had knowledge about the confinement conditions and thus were to be held liable. QQ The prison officials could be found liable under the constitution for denying the immates humane conditions of confinement officials knew of and disregarded an Excessive risk to immates health and saftey. The prison officials was aware of facts from which the inference could be drawn that substantial risk of harm Existed, and they also draw the inference (27) The treatmenta prisoner receives in prison and the conditions under which he is confined are subject to scruting, in it's prohibition of cruel and unusual punishments. The constitution also imposes duties on these officials, who must provide humant conditions of confinement; prison officials must Ensure that immates receive adequate shelter and medical care, and must take reasonably measures to guarantee the Safety of the immates (28) The deprivation alleged Shows, ObJECTIVELY, Sufficiently Serious condition posing a Substantil risk of harm, officials had a Sufficienty Culpable State of mind; State of mind is one of deliberate indifference to immates health. Liability were more than ordinary lack of due care for the Immates interests and

Safety (29 officials duty is to ENSURE reasonable Safety, therefore, prison officials who act unreasonably can be found liable under the cruel and unusual punishments Clause. A subjective approach to deliberate indifference does not require a immate steking a remedy for unsafe conditions to await a tragic Event such as an actual infection before obtaining adequate relief. (30) punishment have befell upon Every inmate on Division 8 47, and prison authorities current attitudes and conduct, knowingly and unreasonably disregarding an objectively intolerable risk of harm, and that they continue to do so, prison officials current attitudes and conduct, is a contemporary violation of a nature likely to continue must adequately plead such Violations (3D) officials NEVER tried to prevent a substantial risk of indury from ripening into actual harm, other inmates infections and grievances demonstrate the continuance of the disregard during the remainder of the litigation and into the future (32) Jail officials duty to provide for Inmates safety is not to be taken lightly. dail conditions could constitute cruel and unusual Punishment without any officials improper SubJective motivations. In more than three weeks Inmates have been giving advance notice to the officials of the risk of harm (33) officials are held liable for denying to a immate humane conditions of confinement, under the rule that an officials deliberat indifference to a substantial risk of harm to inmates violates the cruel and unusual punishments clause, only because official is subsectively aware that inmates face such a risk. The officals not only being

awark of facts from which an inference of such a risk could be drawn, but also drawing that inference and disregards that risk by failing to take reasonable measures to abate the risk; deliberate indifference is Equivalent to reckless disregard and describes a state of mind more blameworthy than NEGLIGENCE, but is something less than acts or omissions for the VEry purpose of causing harm and with knowledge that harm will result; Substitute recklessivess (34) The failure of officials to alleviate a significant risk that they have perceived but did not, can be condemnted as the infliction of punishment. Serves a legitimate pendogical objective any more than it squares with Evolving Standards of decency (35) Showing of prison officials subjective awareness of risk, officials may be liable under the constitute for failing to protect (30) officials continue to remove and place Inmates on 41 despite Knowing that the lice and history of the infection. Knowing that any and all immates would be particulary vulnerable to infection officials conduct amounted to a deliberately indifferent failure to protect the Immates safety, and thus to a violation of the immates rights under the cruel and unusual punishment clause (37) Inference from circumstantial Evidence; a factfinder may conclude that the officials knew of a substantial risk from the very fact that the risk was obvious. Immates presents Evidence Showing that a substantial risk catching lice was longstanding, prevasive, well-documented, and Expressly noted by the officials in the past, and if the circumstances suggest that the officials had been exposed to information concerning the risk and thus must have known about

the risk, then such Evidence is sufficient to permit q trier of fact to find that the officials had actual knowledge of the risk (38) The Evidence Shows that officials merely refused to verify underlying facts that the Strongly suspected to be true or declined to confirm inferences of risk that they strongly suspected to exist. 30 Officials know that some infections are communicable and that a single inmate is administer it to other inmates, but refuse to listen to a subordinate who the officials Strongly suspect will attempt to Explain the associated risk of transmitting infection (40) officials cannot escape liability for deliberate indifference by showing that while they were aware of an obvious, substantial risk to immate Safety, officials did know that immates was likely to catch lice by the Specific inmate who Eventually came in infested. Officials, acting with deliberate indifference Exposed immates to a Sufficiently Substantial risk of damage to the immates health, and it does not matters whether the risk comes from a Single Source or multiple Sources, Officials have inflicted punishment among Every inmate on 4F of Division 8 RTu. (41) Exposure of immates to infectious maladies" such as lice, Even though the possible infection might not affect all of those Exposed. Shows officers and copoc nurses acted with deliberate indifference, and exposed immates to a Sufficiently Substantial risk of damage to immates future health. A Jail official duty is to Esure "reasonable Safety"(42) Inmates who plainly proved an unsafe condition in their Jail on the ground that something happened to them, nothing can adopt today clashes with

that common SENSE. Principle, SubJective approach to deliberate indifference does not require a Immate Steking a remedy for unsafe conditions to await a tragic Event Such as an actual infection before obtaining relief. (43) Inmates comes forward with Evidence from which it can be inferred that the officials were at the time suit was filed, knowingly and unreasonably disregarded an objectively intolerable risk of harm, and that they will continue to do so. Insofar as immates seeks indunctive relief to prevent a substantial risk of serious indury from ripening into actual harm, the SubJective factor, deliberate indifference, should be determined in light of the Jail authorities current attitudes and conduct. (44) officials could not Escape liability cause the Evidence Shows that officers and Employees of cooc merely refused to verify underlying facts indicating that one immate has like, but resists opportunities to obtain final confirmation; And they knew that some infections are communicable and that a single room is being used to bouse thirty-nine immates (45) And the circumstances suggest that the defendants-officials being sued had been exposed to information concerning the risk and thus have known about it, then such evidence could be sufficient to permit a find that the officials had actual Knowledge of the risk. 46 plaintiff also demonstrate the continuance of that disregard , so plaintiff ask for indunction relief so that the court can design a way to halt an ongoing violation in Jail conditions that include and unsanitary condition in capoc (47) The plaintiff Expressed many concerns for our Safety to all

of the respondents. Inmates establish officials awareness by reliance on many relevant Evidence. Inhumane Jail conditions violate the constitution EVEN if No officials has improper, subjective state of mind. To the effect that barbaric Jail conditions may be beyond the reach of the constitution when officials can be deemed culpable (48) Suffering Endured by a inmate that is not formally a part of his sentence no matter how severe or unnecessary will be held violative of the cruel and unusual punishments Clause Because the inmates Establishes that some officials intended the harm. It is assumed, if not established, that the conditions of confinement are themselves part of the punishment, Even if not specifically "meted out" (49) The infection shows that conditions were more than uncomfortable, and instead rose to the level of conditions posing a substantial risk of serious harm to immates health and safety. The severity and duration of deprivations WERE inversely proportional (50) Grievances and the commons on 4F Rtu Division 8, Show that officials acted and failed to act knowing that harm actually befall or inmates, officials is aware of the potential for harm but takes no reasonable efforts to aviod or alleviate that harm, so they bears liability under any Standard . Both knowledge and disregard of risks, a mens rea on a par with Criminal recklessnes (51) officials have inflicted punishment in a manner that Evokes both health concerns and the more general Standards of dignity. The Severity and duration of deprivations were inversely proportional, the length of Exposure to the conditions, and the Substantial

deprivation of Sanitation. Shows something more than NEgligENCE. Thomas DART and Director Jones are the heads of cook court Jail and Everything have to go through one or the other. So the conditions of our incorrectation is soley up to them and others upon my belift and under standing. Director moore and yo Moczarna came on the Deck on 10-16-15 and was told about the problem of the infection that was going around. So they avoided to alteriat that harminhich befall on Thomas Dart, Director Jones and Hirector moone, which is chearly a violation of Immates rights under the constitution of the united States. Violation of due process rights, violation of NEgigENSE and Equal protection plus more, Commander Dominguez come on the deck multiple times and was told of the infection and still refused to use the power he has to quaratine the deck which is a violation of Immates right could and unusal punishment, violation Dut process rights, negligence and many mort Sgt. peck, Sgt. Daily also came on the deck and was told of the infection but still refuse to do something Just like c/o PILEY, Ub VETEEN, WO John DOE, WO John DOE all violated Immates rights under the constitution such as cruel and unusual punishment, NEgligence, unsaft living conditions and many more, nurse LEE, Nurse short and nurse June Dot also was advised about the problem and refuse to act upon they duty, and told immates that the problem we are having is a CLDOC problem not theres. So they violated many of Immates constitution rights. And the John DOES and Jane DOE can be revealed by Thomas Dart, he can put the names to the DOES.

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|-----|-----|-------|
| V.  | N/A | lief: |
| V . | 110 | ucı.  |

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

| Each defendant is sued individually and in his/her offici<br>capacity, at all times mentioned in this complaint Each defendant acted |       |
|--|-------|
|  | UNDER |
| the color of state law. Punitive damages in the amount determined by du  |       |
| against Each diffendant. compensatory damages in the amount determine  |       |
| dury against Fach defendant, Jaintly and SENErally, Plaintiff Cost in the  |       |
| Suit and any legal fees any out or in court fees And Induaction religi   | ito   |
| Change the Screening Prossess and any additional VI. The plaintiff demands that the case be tried by a jury. WES NO                  |       |
| The plaintiff demands that the case be tried by a jury. WYES WENT NO   | 2     |

#### **CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

| Signed this       | day of,               | 20 5 |
|-------------------|-----------------------|------|
| Dann              | Am                    |      |
| (Signature of pla | intiff or plaintiffs) |      |
|                   | 11 DUETT              |      |
| (Print name)      |                       |      |
| 201406            | 26293                 |      |
| (I.D. Number)     | 0.6. Box 08°          | 9002 |
|                   | nicago IL 6           | 0603 |
| at a second       | <u> </u>              |      |
| (Address)         |                       |      |



- 1 Thomas DARY
- 2. Director Jones
- 3. c/o MoczkRNA
- 4. commander Doninquez
- 5. Sgt. PECK
- 6. sgt, Daily
- 7. Superintendent Brow
- 8. C/O Riley
- 9. yo vereta
- 10, Nurse LEE
- 11. NUTSE Short
- 12. MUTSE JAME DOSE
- 13 c/o John DOE
- 14. Clo John DOE

EACH Defendant was under the color of law when such rights was violated.

Case: 1:16-cy-04845 Document #: 6 Filed: Q#/20/16 Page 26 of Affrequent #: 96

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

| NTROL# | INMATE ID |
|--------|-----------|
|--------|-----------|

| (Form | ulario | de Quei | a del Presol |  |
|-------|--------|---------|--------------|--|

| (Formulario de Queja del Preso)                                |  |
|--|--|
| THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! | (! Para ser llenado solo por el personal de Inmate Services !) |

GRIEVANCE FORM PROCESSED AS: MERGENCY GRIEVANCE

GRIEVANCE

| REFERRED TO:             |
|--------------------------|
| ☐ CERMAK HEALTH SERVICES |
| CUREDINITENDENT.         |

NON-GRIEVANCE (REQUEST)

OTHER:

#### INMATE INFORMATION (Información del Preso) PRINT - FIRST NAME (Primer Nombre): PRINT - INMATE LAST NAME (Apellido del Preso):

DARNEll

INMATE BOOKING NUMBER (# de identificación del detenido) 20140626293

DIVISION (División):

LIVING UNIT (Unidad):

10-20-15

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.

RTU 8

- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente) TIME OF INCIDENT (Hora Del Incidente) DATE OF INCIDENT (Fecha Del Incidente) 10-20=15 As I was getting in the Shower, I took off my briefs multi like in the inside of my briefs. I Showed # 17424 he admittly SENT me to health care. I about the lice, i ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) quarline the deck and treat Everything properly

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

C/O MATOS# THE WHOLF DECK

10-20-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

DATE REVIEWED



Case: 1:16-cv-04845 Document #: 6 Filed: 05/29/16 Page 27 of 46 Page ID #:92 COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

CONTROL#

INMATE ID#

| INMATE GRIEVANCE FO  |   |  |  | -10,00           |  |  |
|--|---|--|--|------------------|--|--|
| ! THIS SECTION IS TO BE COMPLETED BY IN  |   |  | o solo por el personal de Inmate Services    | s !)             |  |  |
| GRIEVANCE FORM PROCESSED AS  |   | REFERRED TO:   |  |                  |  |  |
| ☐ EMERGENCY GRIEVANCE  |   | CERMAK HEAL  | TH SERVICES                                  |                  |  |  |
| GRIEVANCE  |   | SUPERINTEND  | ENT:   | -                |  |  |
| ☐ NON-GRIEVANCE (REQUEST)  |   | OTHER:   |  |                  |  |  |
|  | NMATE INFORMATION                                     | N (Información del Preso                               | HATTING BUT THE                              |                  |  |  |
| PRINT - INMATE LAST NAME (Apellido del Preso):   | PRINT - FIRST NAME (Primer                            | Nombre):   | INMATE BOOKING NUMBER (# de identificació    | in del detenido) |  |  |
| DUETT  | DARNE   | 11   | 20140626293<br>DATE (Fecha):                 |                  |  |  |
| DIVISION (División):  Rtu  | LIVING UNIT (Unidad):                                 |  |  |                  |  |  |
| 0  | IMARY OF THE COMP                                     | LAINT (Breve Resumen o                                 | de los Hechos del Preso):                    | THE PARTY        |  |  |
| <ul> <li>INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):</li> <li>An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.</li> <li>Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.</li> <li>When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.</li> <li>Only one (1) issue can be grieved per form.</li> <li>Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.</li> <li>Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.</li> <li>Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.</li> </ul> |   |  |  |                  |  |  |
| Sólo una queja por formulario  DATE OF INCIDENT (Fecha Del Incidente)  TIME OF INCIDENT  | ENT (Hora Del Incidente)                              | SPECIFIC LOCATION                                      | OF INCIDENT (Lugar Específico Del Incidente) |                  |  |  |
| DATE OF INCIDENT PORTION AND AND AND AND AND AND AND AND AND AN  | 59 P.M.   | RTu-   |  |                  |  |  |
| I'VE BEE   | N putting   | in multi   | request slip to H                            | talth            |  |  |
| Care, because ? caught   | lice on   | this Deck  | From another                                 |                  |  |  |
| INMATE IVE also to   | 12 C/0's 0  | wd NUISES  | that I have this                             | 1                |  |  |
| problem. I EVEN have   | Shown th  | em the b   | ougs But Still I have                        | JEN+             |  |  |
| BEEN SEEN YET. I'M   | Study SE  | ing told by  | NUISES that it's                             | í a              |  |  |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MU  | ST BE COMPLETED (Acción                               | que esta solicitado, Esta sec                          | is Change our Cloths                         | s and lint       |  |  |
| TO BE treated for t  | hese lice,  | and treat  | the lices that's                             | 54:11            |  |  |
| running around this  | s Deck  |  |  |                  |  |  |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE F   |   |  |  | -                |  |  |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE F<br>DATE AND INITIA<br>(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES O  | AL TO ACCURATELY REFLEC<br>IUE CUANDO LA ENTREGO Y LE | T THE DAY YOU CHOSE TO S<br>PUSO LA FECHA DESDE UN PRI | JEMIT THE FORM.                              |                  |  |  |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARD   | INICIALES PARA  | SUMITIR SU FORMA)                                      | SNATURE AND DATE: (Firma del Preso/Fecha):   | A PURITY         |  |  |
| (Nombre del personal o presos que tengan información:)   | UNSTOF Chur   | -chill _   | wer Dougt 10-9-                              | 15               |  |  |
|  | WN MOORES   |  |  |                  |  |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVI<br>AND EMERGENCY GRIEVANCES. IF THE INMA  | ATE GRIEVANCE IS OF A SER                             | RIOUS NATURE, THE SUPERIN                              | HENDENT MUST INTHATE IMMEDIATE ACTO          | OIV.             |  |  |
| CRW/PLATOON COUNSELOR (Print):   | SIGNATURE:  | 77   | DATE CRW/PLATOON COUNSELO                    | R RECIEVED:      |  |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):  | SIGNATURE:  | ~ 18   | DATE REVIEWED:                               |                  |  |  |

(FCN-40)(SEP 14)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - CRW/PLATOON COUNSELOR)

(PINK COPY - INMATE)

# SRERITT

Case: 1:16-cv-04845 Document #: 6 Filed: 05/29/16 Page 28 of 46 PageID #:28

(Oficina del Alguacil del Condado de Cook)

CONTRO

INMATE ID#

| INMATE GRIEVANCE FORM (Formulario de Queja del Preso)   |  |  |  |  |  |
|---|--|--|--|--|--|
| ! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF OF GRIEVANCE FORM PROCESSED AS:    EMERGENCY GRIEVANCE     GRIEVANCE     NON-GRIEVANCE (REQUEST)   | REFERRED TO:  CERMAK HEALTH SERVICES  SUPERINTENDENT:  OTHER:  |  |  |  |  |
| PRINT - INMATE LAST NAME (Apellido del Preso):  PRINT - FIRST NAME (Primer  DIVISION (División):  LIVING UNIT (Unidad):   | 20140828258<br>DATE (Fecha):   |  |  |  |  |
| INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):  An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving. Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form. When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory. Only one (1) issue can be grieved per form.  Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria. Sólo una queja por formulario |  |  |  |  |  |
| DATE OF INCIDENT (Fecha Del Incidente)  10/13/15  TIME OF INCIDENT (Hora Del Incidente)   | SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)  Du 8 / Lung With 4F  |  |  |  |  |
| Action that you are requesting, this section must be completed (Acción de la  | sold, Dock de quistined.   |  |  |  |  |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE INICIALES PARA  NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  (Nombre del personal o presos que tengan información:)  DAR OF INDEPENTANCENT/DIRECTOR/DESIGNES OF A DIVISION/UNIT MUST REVIEW   | SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE T THE DAY YOU CHOSE TO SUBMIT THE FORM.  PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS SUMITIR SU FORMA)  INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):  AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, RIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.  DATE CRW/PLATOON COUNSELOR RECIEVED: |  |  |  |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNATURE:  | DATE REVIEWED:   |  |  |  |  |

# SHERIFF

### Caso il disonto 484 files upare #: 6 Filed: OF 129/16 Page 29 of AE 129 #:29

(Oficina del Alguacil del Condado de Cook)

CONTROL#

INMATE ID#

| INMATE GRIEVANCE FORM (Formulario de Queja del Preso)  |  |  | Sales Parket  |  |  |
|--|--|--|---|--|--|
| ! THIS SECTION IS TO BE COMPLETED BY INM   | ATE SERVICES STAFF C                           | ONLY! (! Para ser llenado solo po        | or el personal de Inmate Services !)                  |  |  |
| GRIEVANCE FORM PROCESSED AS:   |  | REFERRED TO:                             |   |  |  |
| ☐ EMERGENCY GRIEVANCE  |  | CERMAK HEALTH SERVICES                   |   |  |  |
| GRIEVANCE  |  | SUPERINTENDENT:                          |   |  |  |
| NON-GRIEVANCE (REQUEST)  |  | OTHER:                                   |   |  |  |
| INI  | MATE INFORMATIO                                | N. Vinformanifor del Descrip             |   |  |  |
| the state of the s | PRINT - FIRST NAME (Primer N                   | N (Información del Preso) Nombre): INMA  | ATE BOOKING NUMBER (# de identificación del detenido) |  |  |
| Randle DIVISION (División):  | Norell<br>IVING UNIT (Unidad):                 | 20151005267<br>DATE (Fecha):             |   |  |  |
| Rtus   | 4F   | 10-14-26157                              |   |  |  |
|  | MARY OF THE COMP                               | LAINT (Breve Resumen de los Hed          |   |  |  |
| <ul> <li>An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.</li> <li>Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.</li> <li>When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.</li> <li>Only one (1) issue can be grieved per form.</li> <li>Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.</li> <li>Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.</li> <li>Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.</li> <li>Sólo una queja por formulario</li> </ul>  |  |  |   |  |  |
| DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDEN   | T (Hora Del Incidente)                         | SPECIFIC LOCATION OF INCIDEN             | NT (Lugar Específico Del Incidente)                   |  |  |
| 10-7-15 7:30 AM  | A. 1   | Div 8 Rtu 4F                             |   |  |  |
| I came on this Deck which is   | Division8 RH                                   | 4 4F on 10-7-15 I                        | awoke Hicking From                                    |  |  |
| parasite that I discover was 1   |  |  |   |  |  |
| Care Regarding this infection and  |  |  | J1077   |  |  |
| this instruction   |  |  | 1 9 413   |  |  |
| THE MIT COUNTY   | 200  |  |   |  |  |
|  | HE WALL  |  |   |  |  |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST  | SE COMPLETED (Acción q                         | que esta solicitado, Esta sección debe c | ompletarse)   |  |  |
| Please do Somethina about  | Linis infactiv                                 | " DNIVITHING "                           |   |  |  |
| please as something wout   | TVII HITECIA                                   | matimed.                                 |   |  |  |
|  | 4  |  |   |  |  |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM  | M MORE THAN 2 DAYS SI                          | NCE WRITING AND/OR DATING IT OR          | GINALLY, YOU WILL BE ASKED TO REVISE THE              |  |  |
| DATE AND INITIAL T   | O ACCURATELY REFLECT                           | THE DAY YOU CHOSE TO SUBMIT THE          | FORM.   |  |  |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE   | CUANDO LA ENTREGO Y LE PI<br>INICIALES PARA SU |  | CESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS             |  |  |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING<br>(Nombre del personal o presos que tengan información:)  | THIS COMPLAINT:                                | INMATE SIGNATURE AN                      | D DATE: (Firma del Preso/Fecha):                      |  |  |
| Maley  |  | Whell Hand                               | le 104-14420BC15                                      |  |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION<br>AND EMERGENCY GRIEVANCES. IF THE INMATE OF   |  |  |   |  |  |
| CRW/PLATOON COUNSELOR (Print):   | SIGNATURE:                                     | STORY STORY                              | DATE CRW/PLATOON COUNSELOR RECIEVED:                  |  |  |
| Cru Booker   |  |  | 10-15-2015  |  |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):  | SIGNATURE:                                     | 4  | DATE REVIEWED:  |  |  |

### COOKICOUNTPSHERIFFUS UPFRICE #: 6 Filed: DEMBALLO PAGON 30 FOLINGE FRAGERID #:90

(Oficina del Alguacil del Condado de Cook)

CONTROL#

INMATE ID#

ATE CRIEVANCE FORM

| (Formulario de Queja del Preso)   | .VI  |   |                               |                                       |  |
|---|--|---|-------------------------------|---------------------------------------|--|
| ! THIS SECTION IS TO BE COMPLETED BY INMA   | TE SERVICES STAFF (  | ONLY! (! Para ser llenado s                         | olo por el personal de Ini    | mate Services !)                      |  |
| GRIEVANCE FORM PROCESSED AS:  |  | REFERRED TO:  |                               |                                       |  |
| ☐ EMERGENCY GRIEVANCE   | CERMAK HEALTH  | SERVICES  |                               |                                       |  |
| GRIEVANCE   | SUPERINTENDEN  | Т:  |                               |                                       |  |
| NON-GRIEVANCE (REQUEST)   |  | OTHER:  |                               |                                       |  |
| , INM   | ATE INFORMATIO   | N (Información del Preso)                           | POTAL STATE OF THE PARTY OF   | THE REAL PROPERTY.                    |  |
|   | INT - FIRST NAME (Primer   |   | INMATE BOOKING NUMBER         | (# de identificación del detenido)    |  |
| Page L  | evord  | are did not   | 2013101                       | 1240                                  |  |
| DIVISION (División):  | /ING UNIT (Unidad):  |   | DATE (Fecha):                 |                                       |  |
| 8   | ADV OF THE COMP  | NAINT /S  | 10/10/15                      |                                       |  |
|   | A STATE OF THE STA | LAINT (Breve Resumen de la                          | os Hecnos del Preso):         |                                       |  |
| An inmate wishing to file a grievance is required to do s     Inmate Disciplinary Hearing Board decisions cannot be   |  |   | vance Request/Response//      | Appeal Form.                          |  |
| When a grievance issue is processed as a NON-GRIEVAN<br>there has been no response to the request or the response to the response | NCE (REQUEST), an inma   | ate may re-submit the grievance                     | issue after 15 days to obta   | ain a "Control Number" if             |  |
| Only one (1) issue can be grieved per form.   | ise is decined disacts.  |   |                               |                                       |  |
| Un preso que desea llenar una queja, se le requiere que le     Las decisiones del Comité Disciplinario de los presos, no p  | o haga dentro de los 15  | días después del incidente.                         | Formulario de Oueias/Reso     | uesta/Forma de Anelación              |  |
| Cuando una Queja se procesa como una QUEJAS NO (PE)   | TICION), un preso podrío   | re-someter una Queja después (                      | de los 15 días para recibir u | n "Numero de Control", ya             |  |
| <ul> <li>sea porque no hay una respuesta o porque la respuesta e</li> <li>Sólo una queja por formulario</li> </ul>  | s insatisfactoria.   |   |                               |                                       |  |
|   | (Hora Del Incidente)   | SPECIFIC LOCATION OF I                              | NCIDENT (Lugar Específico De  | el Incidente)                         |  |
| · · · · · · · · · · · · · · · · · · ·   | F 17   | 0 8 45 100  | whe                           |                                       |  |
| 10-14-15 Mom  | ng Qi D  | 9 0 11 19   | 16/15                         |                                       |  |
| Cl vall ( C)  | - 11   | 0 11  | T                             | 1 10 5                                |  |
| Shortly after comin   | g on th  | nis deck +  | L caugh                       | + lice                                |  |
| and I'm not the On  | My Derso   | n with th   | iese issue                    | 25 1                                  |  |
| hard this have been   | i'a pro  | oblems sin  | ce Oct &                      | sept.                                 |  |
| and here we are a   | Jour o'I   | . souldn't  | have this                     | problem.                              |  |
| because the the deck  | Sould  | be Proable  | e clean &                     | rid of this                           |  |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST B   | E COMPLETED (Acción  | que esta solicitado, Esta sección                   | debe completarse)             |                                       |  |
| I need medical cut  | tendant  | to not rid  | of lies                       | these                                 |  |
| lics and the deck be  | Drouble  | v clean in  | walstrh I                     | m ontifle                             |  |
| to  | - PIGOTE   | 1   | 37,16                         |                                       |  |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM   | MORE THAN 2 DAYS S   | INCE WRITING AND/OR DATING                          | IT ORIGINALLY, YOU WILL       | BE ASKED TO REVISE THE                |  |
|   |  | THE DAY YOU CHOSE TO SUBM                           |                               | LA FECUA VINCUIVA CUE                 |  |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE C  |  | PUSO LA FECHA DESDE UN PRINCIPI<br>UMITIR SU FORMA) | O, ES NECESARIO QUE CAMBIE    | LA FECHA Y INCLUYA SUS                |  |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING (Nombre del personal o presos que tengan información:)  | THIS COMPLAINT:  | INMATE SIGNAT                                       | URE AND DATE: (Firma del Pres | o/Fecha):                             |  |
|   |  | Down  | Offeren                       |                                       |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION  | /UNIT MUST REVIEW A  | ND SIGN ALL GRIEVANCES ALLEG                        | GING STAFF USE OF FORCE,      | STAFF MISCONDUCT,                     |  |
| AND EMERGENCY GRIEVANCES. IF THE INMATE G   | SIGNATURE:   | OUS NATURE, THE SUPERINTEN                          |                               | EDIATE ACTION. ON COUNSELOR RECIEVED: |  |
| Company of the second   |  | 112   | 10/19                         | 116                                   |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):   | SIGNATURE:   | 03  | DATE REVIEWED:                |                                       |  |
|   |  |   |                               |                                       |  |

Castodkicound 4 SHE RIPPUMP PICE: 6 Filed: 05/29/16 Page 31 of 46 PageID #:96

(Oficina del Alguacil del Condado de Cook)

**INMATE ID#** 

| . INMATE GRIEVANCE FORM (Formulario de Queja del Preso)   | INVIATE ID#   |  |
|---|---|--|
| THIS SECTION IS TO BE COMPLETED BY INDIANTE CERTIFICATION | (! Para ser llenado solo por el nersonal de Inmate Sanices II |  |

| (Formulario de Queja del Preso   | ,)   |   |                             |  |  |
|--|--|---|-----------------------------|--|--|
| ! THIS SECTION IS TO BE COMPLETED BY IN  | MATE SERVICES STAFF C  | NLY! (! Para ser llenado  | solo por el personal d      | - J                                    |  |
| GRIEVANCE FORM PROCESSED AS  |  | REFERRED TO:  | isio por el personal d      | e ilimate Services !)                  |  |
| ☐ EMERGENCY GRIEVANCE  |  | CERMAK HEALTH SERVICES  |                             |  |  |
| GRIEVANCE  |  |   | 4                           |  |  |
| □ NON-GRIEVANCE (REQUEST)  |  | SUPERINTENDEN   | l:                          |  |  |
| MON-GRIEVANCE (REQUEST)  |  | OTHER:  |                             |  |  |
| The state of the s | NMATE INFORMATION  | (Información del Prese)   |                             |  |  |
| PRINT - INMATE LAST NAME (Apellido del Preso):   | PRINT - FIRST NAME (Primer No  | ombre):   | INMATE BOOKING NUMB         | BER (# de identificación del detenido) |  |
| KEith  | KENNETH  |   |                             |  |  |
| DIVISION (División):   | LIVING UNIT (Unidad):  |   | 201509140.<br>DATE (Fecha): | 56                                     |  |
| 8  | 4-F  |   | 10-18-01                    | 5                                      |  |
| INMATE'S BRIEF SUM   | MARY OF THE COMPL  | AINT (Breve Resumen de la   | os Hechos del Presa):       |  |  |
| <ul> <li>An inmate wishing to file a grievance is required to d</li> </ul>   | lo so within 1E days of the  |   |                             |  |  |
| make Disciplinally fleatilig board decisions cannot be   | no oriound or annoaled Abus.   | CONTRACTOR OF THE PROPERTY OF | ance Request/Respons        | Anneal Form                            |  |
| When a grievance issue is processed as a NON-GRIEV<br>there has been no response to the request or the res   | ANCE (REQUEST), an inmate  | e may re-submit the grievance   | issue after 15 days to o    | btain a "Control Number" if            |  |
| Only one (1) issue can be grieved per form.  | porise is deemed unsatisfact   | tory.   |                             |  |  |
| Un preso que desea llenar una queja, se le requiere que      Las decisiones del Comité Disciplinario de la   | e lo haga dentro de los 15 dí  | as después del incidente  |                             |  |  |
| accisiones del Connice Disciplinario de los presos ni  | a nadrán car augetianadas -  | Annual property of the second | ormulario de Queias/Re      | spuesta/Forma de Anelación             |  |
| sea porque no hay una respuesta o porque la respuesto  | ETICION), un preso podría re<br>a es insatisfactoria   | e-someter una Queja después d   | e los 15 días para recibir  | un "Numero de Control", ya             |  |
| Sólo una queja por formulario  | and the state of t |   |                             |  |  |
| DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDEN   | NT (Hora Del Incidente)  | SPECIFIC LOCATION OF IN   | CIDENT ()                   | K. M. P. L. L. L.                      |  |
| 10-13-15   | (1/1   | SPECIFIC LOCATION OF IN   | CIDENT (Lugar Específico    | Del Incidente)                         |  |
| 70-13/3  | 44 pm  | 4 F 10  | 128                         |  |  |
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| The 13th oct 015   | Found lie  |   |                             |  |  |
| Showled UNIT OFFICER   |  | thing was   | don't Tow                   |  |  |
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|  | 2  | 211111  | 2                           |  |  |
|  |  | 7044  | pm                          |  |  |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST I  | BE COMPLETED (Acción que   | esta colicitado Fata está de  |                             |  |  |
|  |  |   | be completarse)             |  |  |
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| THESE lice ON H  | his dect   |   | 7 2 7 00                    |  |  |
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| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM DATE AND INITIAL TO  | MORE THAN 2 DAYS SINCE   | WRITING AND/OR DATING IT  | ORICINALLY, VOLUME          |  |  |
|  |  | DATE TOO CHOSE TO SUBIVITE  | HE FORM.                    |  |  |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE C   | UANDO LA ENTREGO Y LE PUSO   | LA FECHA DESDE UN PRINCIPIO, I  | S NECESARIO QUE CAMBIE      | LA FECHA Y INCLUYA SUS                 |  |
| AME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING   |  | III 30 TORINIA)   |                             |  |  |
| Nombre del personal o presos que tengan información:)  | THIS COMP CAUTY.   | INMATE SIGNATURE  | AND DATE: (Firma del Pres   | o/Fecha):                              |  |
|  |  | Kenn  | H & Lei                     | the 10-18-01                           |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION, AND EMERGENCY GRIEVANCES. IF THE INMATE G RW/PLATOON COUNSELOR (Print):  | UNIT MUST REVIEW AND S   | IGN ALL GRIEVANCES ALLEGIN  | G STAFF USE OF FORCE,       |  |  |
| RW/PLATOON COUNSELOR (Print):  | SIGNATURE:   | NATURE, THE SUPERINTENDEN   | T MUST INITIATE IMMI        | DIATE ACTION.                          |  |
| (rw) Booker  | CAUT   | 1   | DATE CRW/PLATOC             | N COUNSELOR RECIEVED:                  |  |
| JPERINTENDENT/DIRECTOR/DESIGNEE (Print):   | SIGNATURE:   | 10  | DATE PENERIUS               | 14115                                  |  |
|  |  |   | DATE REVIEWED:              | 91354                                  |  |



Case: 1:16-cv-04845 Document #: 6 Filed: 05/29/16 Page 32 of 46 PageID #:92 COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE ID#

INMATE GRIEVANCE FORM

| . INMATE GRIEVANCE FORM (Formulario de Queja del Preso) ! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF C   | ONLY! (! Para ser llenado solo por el personal de Inmate Services !) |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| GRIEVANCE FORM PROCESSED AS:  EMERGENCY GRIEVANCE  GRIEVANCE  NON-GRIEVANCE (REQUEST)  | REFERRED TO:  CERMAK HEALTH SERVICES  SUPERINTENDENT:  OTHER:        |  |  |  |  |  |  |
| PRINT - INMATE LAST NAME (Apellido del Preso):  BRISCOE  DIVISION (División):  8-RTU-4  PRINT - FIRST NAME (Primer DAR NELL)  LIVING UNIT (Unidad):  4  4  | 2015-6823221<br>DATE (Fecha):  |  |  |  |  |  |  |
| INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):  • An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.  • Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.  • When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.  • Only one (1) issue can be grieved per form. |  |  |  |  |  |  |  |

| • | Only one (1) issue can be grieved per form.                          |              |  |
|---|--|--------------|--|
|   | la reguiera que la baga dentra de las 15 días después del incidente. | The state of |  |

- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

| PATE OF INCIDENT (Eacher Del Incidente) TIME OF INCIDENT (Hora Del Incidente) SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)  |
|---|
| DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (Hora Del Incidente) SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)   |
| 9-29-15 10:45 AONO RTU 47   |
| DERVEY THE DATE AND TIME ABVOVE 1 70/10WED THE COOK   |
| County DEPARTMENT OF CORRECTIONS INMATEHAND   |
| PINE BOOK Charletty DAGE till PEGARding EMER GENGN HEALTA   |
| CARE I did ATRECIEVE ANThing Toward RESOLVING This 7554E  |
| until 27-13, it was in Adu Ou Ate Resolution  |
| DIE TO NOT GETTING NEW CC DOCC BREWNS INMATE  |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)  |
| I was QUAN CREME RIOSE, BUT 47 COASNOT THROUGH N  |
| CLERNED NOR WAS THE WORL OR LABORTORY POWER WAShED  |
| C. Co. L. Dr. To Pengeld Punt Health and Sanit Atow 7-19st.   |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE   |
| DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.  |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA) |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):   |

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION

| AND EMERGENCY GRIEVANCES. IF THE INMATE O |                        | URE, THE SUPERINTENDENT W | DATE CRW/PLATOON COUNSELOR RECIEVED: |
|---|------------------------|---------------------------|--------------------------------------|
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): | SIGNATURE:  SIGNATURE: | 0                         | DATE REVIEWED:                       |
|   |                        |                           | (                                    |

(Nombre del personal o presos que tengan información:)

#### Case: 1:16-cv-04845 Document #: 6 Filed: 05/29/16 Page 33 of 46 PageID #:98



## COOK COUNTY SHERIFF'S OFFIC \*(Oficina del Alguacil del Condado de Cook)

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|-----|---|---|---|---|---|---|---|--|
| , , |   | V |   | 1 | 7 | 7 | 7 |  |

| GRIEVANCE | 12 | NON-GRIEVANCE | (REQUES |
|-----------|----|---------------|---------|
|-----------|----|---------------|---------|

| INMATE GRIEVANCE<br>(Petición de Queja del Pres   | RESPONSE / APP   |                                     |                      | CONTROL#   |
|---|--|-------------------------------------|----------------------|--|
| (i eticion de daoja del i res   |  |                                     |                      |  |
| INMATE LAST MANE (Apellido del Preso):  | INMATE INFORMAT  | ON (Información del Pre             |                      | All Control  |
| Sciscoe   | Darn   | e!                                  | 2015                 | 0823221  |
|   | CE / NON-GRIEVANCE (   |                                     |                      |  |
| (EMERGENCY GRIEVANCES A CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPL                            | AINT:  | MEDIATE THREAT TO THE               | WELFARE OR SAFETY    | OF AN INMATE)  |
|   | CAMBION.   | 300 mg                              |                      | TO A MILE  |
|   |  |                                     |                      |  |
| IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if app  | plicable):   |                                     |                      | A THE REAL PROPERTY.   |
|   |  |                                     |                      |  |
| CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE   | : //REQUEST TO (Example: Superint  | endent Cermak Health services       | Personnel):          | DATE REFERRED:   |
| RESPONSE BY PERSONNEL HANDLING REFERRAL:  | The second secon | ordon, odmar rouni services,        | T O'SO'IIIO).        | 15   |
| 27.22   | IMATES D   | 5 TOCK O                            | STOTATE              | CEDOC POLICY   |
| PROFE MEDICAL   | + SANITAR  | 4 PROCE                             | OURFS F              | ollower on   |
| PERSONNEL RESPONDING TO GRIEVANCE (Print):  | SIGNATURE:   | 1                                   | DIV. / DEPT.         | DATE:  |
| At thellums   | 1// /  | umi                                 | OSRTII               | 10/26/15   |
| Superintendents of a division/unit must review<br>SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): | w all responses to grievan   |                                     | force, staff miscond | luct and emergency grievances.   |
|   | Invell D   | recon !                             |                      | 11 1 2 1 15  |
| NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check application)  GRIEVANCE SUBJECT CODE:               | able box): INMATE SIGNATURE  | (Firma del Preso):                  |                      | DATE RESPONSE WAS RECEIVED:<br>(Fecha en que la respuesta fue recibida): |
| NON-GRIEVANCE SUBJECT CODE:   |  |                                     |                      |  |
| INMATE'S  | REQUEST FOR AN AF  | PEAL (Solicitud de Ap               | elación del Preso)   |  |
| * To exhaust administrative remed   |  |                                     |                      | coived the response  |
| * Las apelaciones tendrán que s   |  |                                     |                      |  |
|   | todas las posibles res   | puestas administrativas             |                      |  |
| DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fe   |  | cion del detenido): *               | _//_                 |  |
| INMATE'S BASIS FOR AN APPEAL (Base del detenido para una  | a apelacion);  |                                     |                      |  |
|   |  |                                     |                      |  |
|   |  | $\rightarrow$                       |                      |  |
|   |  |                                     | V- #                 | 20   |
| ADMINISTRATOR / DESIGN<br>¿ Apelación del detenido ace  |  |                                     | Yes (S               | No   |
| ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDA   | ATION (Decision o recomendacion pe   | or parte del administrador o / su d | designado(a)):       | X  |
| A PR  |  |                                     |                      |  |
|   |  |                                     |                      |  |
| ADMINISTRATOR / DESIGNEE (Administrador o / su Designado  | (a)): SIGNATURE (Firm  | a del Administrador o I su Design   | nado(a)):            | DATE (Fecha):  |
| INMATE SIGNATURE (Firma del Preso):   |  |                                     | DATE                 | 11   |
| INWINITE SIGNATURE (FIRMA DEI PRESO):   |  |                                     |                      | IVED APPEAL RESPONSE:<br>so recibio respuesta a su apelacion);           |
|   |  | TO THE REAL PROPERTY.               | 4 1 2 1 1 1          |  |



Case: 1:16-cv-04845 Document #: 6 Filed: 05/29/16-Page 34 of 48 PageID #:99 COOK COUNTY SHERIFF'S OFFICE **INMATE ID#** 

(Oficina del Alguacil del Condado de Cook)

| 10.50 |     |     |     |     |             |
|-------|-----|-----|-----|-----|-------------|
| MIM   | ATE | GRI | FVA | NCE | <b>FORM</b> |

| (Formulario de Queja del Preso)                         |  |
|---|--|
| S SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF C | ONLY! (! Para ser llenado solo por el personal de Inmate Services !) |
| RIEVANCE FORM PROCESSED AS:                             | REFERRED TO:   |

| I HIS SECTION IS TO BE COMPLETED BY IMMINITE SELECTION |                        |  |
|--|------------------------|--|
| GRIEVANCE FORM PROCESSED AS:                           | REFERRED TO:           |  |
| ☐ EMERGENCY GRIEVANCE                                  | CERMAK HEALTH SERVICES |  |
|  |                        |  |

SUPERINTENDENT: \_ GRIEVANCE OTHER:

## NON-GRIEVANCE (REQUEST) INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

2015/003

THE COMPLAINT (Breve Resumen de los Hechos del Preso) INMATE'S BRIEF SUMMARY OF

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

| DATE OF INCIDENT (Fecha Del Incidente) | TIME OF INCIDENT (Hora Del I   | ncidente) SP | ECIFIC LOCATION OF INCID | ENT (Lugar Específico Del Incidente) | 4        |
|--|--|--------------|--------------------------|--------------------------------------|----------|
| 10/24/15                               | 9:36F  | m            | div 8 r                  | tu 4F                                |          |
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| 111                                    | worke up   | 10/21/       | eck inf                  | ation with                           | lice     |
| me which                               | was lice   | the o        | ecic int                 | estion with                          | 10       |
| and this                               | been a lo  | ngstand      | ng proble                | m, and out                           | NO       |
| ONE is doing                           | a Nothia at  | pout it      |                          | em, and aint                         |          |
|  | 3  |              |                          |                                      |          |
|  | THE RESIDENCE OF THE PARTY OF T |              | CHARLES THE              |                                      | With Day |
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ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

SIGNATURE: CRW/PLATOON COUNSELOR (Print):

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print)

| COOK COUNTY SHERII  | orcumeentt#:61 Files<br>Fr's Office                            | d: 054/1209/1166 Prange 33                                | 5 off 446 Paged II<br>GRIEVANCE (REQUEST           | D# <b>133</b> 50  |
|---|--|---|--|---|
| (Oficina del Alguacil del Condado de Cook)  |  | CONTROL#  | CALL THE PARTY.                                    | INMATE ID#  |
|   | , INMATE GRIEVANCE FORM  |   |  |   |
| (Formulario de Queja del Presi<br>! THIS SECTION IS TO BE COMPLETED BY II   |  | ONLY I // Para ser llenade                                | role non-the-                                      |   |
| GRIEVANCE FORM PROCESSED AS   |  |   | solo por el personal d                             | le Inmate Services !)   |
| ☐ EMERGENCY GRIEVANCE   | •  | REFERRED TO:  | L SERVILORS  |   |
| GRIEVANCE   |  | CERMAK HEALTH   |  |   |
|   |  | SUPERINTENDEN   | Т:   |   |
| NON-GRIEVANCE (REQUEST)   |  | OTHER:  |  |   |
|   | NMATE INFORMATION  | N (Información del Preso)                                 |  | THE RESIDENCE OF THE PARTY.                                   |
| PRINT - INMATE LAST NAME (Apellido del Preso):  | PRINT - FIRST NAME (Primer I                                   |   | INMATE BOOKING NUM                                 | IBER (# de identificación del detenido)                       |
| DIVISION (División):  | MQUEI  | -6  |  | 306530  |
| 8 RT11  | U.C  |   | DATE (Fecha):                                      | - 12  |
|   | MARY OF THE COMP   | AINT (Breve Resumen de la                                 | 10-25  | -15   |
| An inmate wishing to file a grievance is required to  |  |   | os Hechos dei Preso):                              |   |
| <ul> <li>Inmate Disciplinary Hearing Board decisions cannot</li> </ul>  | be grieved or appealed three                                   | ough the use of an Inmate Griev                           | ance Request/Respon                                | se/Appeal Form.   |
| there has been no response to the request or the re   | VANCE (REQUEST), an inma                                       | te may re-submit the grievance                            | issue after 15 days to                             | obtain a "Control Number" if                                  |
| Only one (1) issue can be grieved per form.   |  |   |  |   |
| Un preso que desea llenar una queja, se le requiere q     Las decisiones del Comité Disciplinario de los presos,     Cuando una Queia se preses somo una QUELAS NO. | ue lo haga dentro de los 15 d                                  | días después del incidente.                               |  |   |
| cuando una queja se procesa como una QUEJAS NO  | PETICION), un preso podria                                     | re-someter una Queja después a                            | ormulario de Quejas/Ri<br>e los 15 días para recib | espuesta/Forma de Apelación.<br>ir un "Numero de Control". va |
| sea porque no hay una respuesta o porque la respues  Sólo una queja por formulario  | ta es insatisfactoria.   |   |  |   |
| DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDE   | NT (Hora Del Incidente)  | SDECIEIC LOCATION OF IN                                   | CIDENT (I  |   |
|   | SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente) |   |  |   |
| OCT 525,5012 8:30 AM DING K   |  |   | K-183 4  | +   |
| + arrived on HE   | ON OCT   | 24 2015   | 00 00  | + 25.2015   |
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| intested with line  | and th   | nere 15 n   | athir.   | hours.  |
| dane about it   | MAXAGEN SEE  | THE WORLD   | 7  | ocinia  |
| LAN TRACE OF WILLIAMS   | Sell-tower to  | te att dess   |  | V. T.   |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST   | BE COMPLETED (Acción qu  | e esta solicitado, Esta sección de                        | ebe completarse)                                   |   |
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| THE GECK  | 15 C.O.  | ON WITHOUT  | E Decau  | Hamirales   |
| THIS IS NOT A   | eltish   | KEdnest   | but  | a request   |
| IEVOLI HAVE ELECTED TO STUDIE AND TO STUDIES  | STATION  | 110 of a  |  | Company of  |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FOR<br>DATE AND INITIAL  | M MORE THAN 2 DAYS SING<br>TO ACCURATELY REFLECT TH            | CE WRITING AND/OR DATING IT<br>HE DAY YOU CHOSE TO SUBMIT | ORIGINALLY, YOU WII                                | LL BE ASKED TO REVISE THE                                     |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE  | CUANDO LA ENTREGO Y LE PU                                      | SO LA FECHA DESDE UN PRINCIPIO.                           |  | SIE LA FECHA Y INCLUYA SUS                                    |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDIN  | INICIALES PARA SUIV  | ITTR SU FORMA)  |  |   |
| (Nombre del personal o presos que tengan información:)  | THIS COMPLAINT,  | INMATE SIGNATUR   | E AND DATE: (Firma del Pi                          | reso/Fecha):  |
|   |  | 11/   |  | > /1/6  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISIO AND EMERGENCY GRIEVANCES. IF THE INMATE   | N/UNIT MUST REVIEW AND   | SIGN ALL GRIEVANCES ALLEGING                              | IG STAFF USE OF FORC                               | E, STAFF MISCONDUCT,  |
| CRW/PLATOON COUNSELOR (Print):  | SIGNATURE:   | THE SOPERINTENDE  |  | DON COUNSELOR RECIEVED:                                       |
| Crw Booker  | (  | 110/V   | 1 - 101  | 11-   |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):   | SIGNATURE:   | - 1 Leone   | DATE REVIEWED:                                     | 115   |
|   |  |   |  |   |

| CHEO OKIGOUNTWEKENIE   | DECKNOWERITE##: 61.FFI (bec   | ti:97443314364P####333  | Goff/AGARAMAD##361   |  |
|--|---|---|--|--|
| (Oficina del Alguacil del Condo  | ado de Cook)  | CONTROL#  | INMATE ID #  |  |
| INMATE GRIEVANCE F   | ORM Tage 1 of 4   |   |  |  |
| ! THIS SECTION IS TO BE COMPLETED BY IN  |   | NLY! (! Para ser llenado  | solo por el personal de Inmate Services !)   |  |
| GRIEVANCE FORM PROCESSED AS  |   | REFERRED TO:  |  |  |
| EMERGENCY GRIEVANCE E  | e. hilduro  | CERMAK HEALTH   | H SERVICES   |  |
| GRIEVANCE NOT A R  | EQUEST,   | SUPERINTENDEN   | л:   |  |
| NON-GRIEVANCE (REQUEST)  | Wo me 3   | OTHER:  |  |  |
| PRINT - INMATE LAST NAME (Apellido del Preso):   | NMATE INFORMATION   | N (Información del Preso)   |  |  |
| WYATT  | PRINT - FIRST NAME (Primer N  | lombre);  | INMATE BOOKING NUMBER (# de identificación del detenido  |  |
| DIVISION (División):   | LIVING UNIT (Unidad):   |   | DATE (Fecha):  |  |
| INMATE'S BRIEF SUM   | IMARY OF THE COMPL  | .AINT (Breve Resumen de la  | 10.25.15   |  |
| An inmate wishing to file a grievance is required to a Inmate Disciplinary Hearing Board decisions cannot.     When a grievance issue is processed as a NON-GRIEV there has been no response to the request or the response to      | be grieved or appealed thro<br>/ANCE (REQUEST), an inmat<br>sponse is deemed unsatisfac | ough the use of an Inmate Griev<br>te may re-submit the grievance<br>ctory. | vance Request/Response/Appeal Form.<br>issue after 15 days to obtain a "Control Number" if                   |  |
| <ul> <li>Un preso que desea llenar una queja, se le requiere que Las decisiones del Comité Disciplinario de los presos, ne Cuando una Queja se procesa como una QUEJAS NO (la sea porque no hay una respuesta o porque la respueste Sólo una queja por formulario</li> </ul>   | io podrán ser cuestionadas o<br>PETICION), un preso podría r                            | Analadas a sumita dal 1 1 s   | formulario de Quejas/Respuesta/Forma de Apelación.<br>le los 15 días para recibir un "Numero de Control", ya |  |
| DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDE  | NT (Hora Del Incidente)   | SPECIFIC LOCATION OF IN   | ICIDENT (Lugar Específico Del Incidente)   |  |
| 10, 63.13   411 6  | tay/night   | RIU, UL   | iit 4F   |  |
| On 10.23.15 I awake to   | o deep scra   | tches all ov  | or my left ankle,  |  |
| Upon further inspection  | I notice  | d bug hites   | covering the same  |  |
| Tankle and lower leg,  | I must b  | rave duy scr  | atches into my left  |  |
| leg due to scratching body lice with toenails which are  |   |   |  |  |
| show the addle   | Jagged du   | e to not b  | eing to the barber.  |  |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST  | BE COMPLETED (Acción que  | e esta solicitado, Esta sección de  | body lice were   |  |
| changed our choets -   | 1 1 1/2 L   | e at least  | 9.30.15. Security  |  |
| give us all like T   | Trentment   | on 10.1.  | .15 but did not  |  |
| Even after I vemor   | ed like -   | from the a  | riginal interted   |  |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FOR   | M MORE THAN 2 DAYS SINC   | E WRITING AND/OR DATING IT  | ORIGINALLY VOLUMEN BE ACKED TO BE USE THE  |  |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE   | O ACCORDICELY REFLECT IN  | E DAY YOU CHOSE TO SUBMIT   | THE FORM.  |  |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING  | INTERACES PARA SUIVI  | TTIK SU FURMA)  | E AND DATE: (Firma del Preso/Feçha):   |  |
| (Nombre del personal o presos que tengan información:)<br>Everyone living and workin   | g 4F the last   | month Traver  | 1 Mat 10.25.15   |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION AND EMERGENCY GRIEVANCES, IF THE IMMATE OF  | VUNIT MUST REVIEW AND   | SIGN ALL GRIEVANCES ALLEGIN   | IG STAFF USE OF FORCE, STAFF MISCONDUCT.   |  |
| AND EMERGENCY GRIEVANCES. IF THE INMATE C<br>CRW/PLATOON COUNSELOR (Print):  | SRIEVANCE IS OF A SERIOUS SIGNATURE:  | NATURE, THE SUPERINTENDE  | NT MUST INITIATE IMMEDIATE ACTION.  DATE CRW/PLATOON COUNSELOR RECIEVED:                                     |  |
| SUBSPINION CONTRACTOR OF THE SUBSPINION CONTR | Ciu   | 1)  | 15 /2 (- ) (-  |  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):  | SIGNATURE:  | 2 Variable  | DATE REVIEWED:   |  |

| CONTROL OFICE OF A PROPERTY OF THE PROPERTY OF | <b>lf.E(S)OFFICE</b> 61.FFiled                                | H: OFFICE AND AND THE THE NEW YORK THE THE NEW YORK THE | N-GALEVANCE (REQUEST)#1  | 30/2                             |
|--|---|---|--|----------------------------------|
| INMATE GRIEVANCE   |   | CONTROL   | t<br>Kajovenio evere   | INMATE ID#                       |
| (Formulario de Queja del Pre   | sol Idake of 7  |   |  |                                  |
| ! THIS SECTION IS TO BE COMPLETED BY   | INMATE SERVICES STAFF   | ONLY! (! Para ser llenado   | solo por el personal de Ini  | mate Services !)                 |
| GRIEVANCE FORM PROCESSED A   | \ <b>S</b> :  | REFERRED TO:  |  |                                  |
| EMERGENCY GRIEVANCE  |   | CERMAK HEALT  | H SERVICES   |                                  |
| GRIEVANCE  |   | ☐ SUPERINTENDE  | NT:  |                                  |
| NON-GRIEVANCE (REQUEST)  |   | OTHER:  |  |                                  |
| PRINT - INMATE LAST NAME (Apellido del Preso):   | INMATE INFORMATION  | N (Información del Preso)   | Property of the second   |                                  |
| WYATT  | PRINT - FIRST NAME (Primer I                                  | Nombre):  | INMATE BOOKING NUMBER (#   | de identificación del deten      |
| DIVISION (División):   | LIVING UNIT (Unidad):   |   | 20110130   | 152                              |
| 08   | 4F  |   | DATE (Fecho):  |                                  |
| INMATE'S BRIEF SUN   | MMARY OF THE COMPL  | AINT (Breve Resumen de I  | 10.25.15   |                                  |
|  |   |   |  |                                  |
| Inmate Disciplinary Hearing Board decisions cannot     When a grievance issue is processed as a NON-GRIE there has been no seen to the processed as a NON-GRIE   | be grieved or appealed thro                                   | ough the use of an inmate Grie  | Vance Request/Response / &   |                                  |
| the request or the request or the re-  | VANCE (REQUEST), an inmat<br>esponse is deemed unsatisfac     | e may re-submit the grievance   | Issue after 15 days to obtain  | peal Form.<br>a "Control Number" |
| tall be grieved per form.  |   |   |  |                                  |
| <ul> <li>Un preso que desea llenar una queja, se le requiere que Las decisiones del Comité Disciplinario de los presos, que Cuando una Queja se procesa como una QUEJAS NO (sea porque no hay una reconstitutation).</li> </ul>  | ue lo haga dentro de los 15 d<br>no podrán ser cuestionadas o | las después del incidente.  |  |                                  |
| The state of the s | (PETICION), un preso podría r                                 | e-someter una Queja después a   | ormulario de Quejas/Respues<br>le los 15 días para recibir un "i   | ta/Forma de Apelació             |
| Sólo una queja por formulario  | tu es insutisfactoria.  |   |  | vamero de contror , y            |
| ATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDE   | NT (Hora Del Incidente)                                       | SPECIFIC LOCATION OF IN   |  |                                  |
| 0.23.15 All a  | day/night   | PTI I   | CIDENT (Lugar Específico Del In  | cidente)                         |
| nmate and showed th  |   | 10147,0   | पान प्र  |                                  |
| 1 7 1  | ear to N.   | irse Short  | and Nurse  | Lee                              |
| Aircia la la   | 9-30-153 1  | , Dr. Silks   | ty (sp?), an   | 1 the                            |
| 1 6 1 10 11  | 7   | -3 shift  | that they  | Were to                          |
| act not body lice  | and also  | - that th   | er were se   | ecuriture                        |
| to lem Ind not the   | ir's. 50 1  | ve got the  | 21 21  | moved                            |
| FION THAT YOU ARE REQUESTING THIS SET TION AND   | on the 3-   | 11 shift y  | THE PARTY AND ADD AND ADDRESS OF THE PARTY AND | 1.                               |
| har you are requesting, this section Must  | Y- Uniter M   | esta solicitado, Esta sección de  |  | linens                           |
| 1 3rd, or the 10th   | 17th, or  | 2416 for  | that occ   | L. I                             |
| ily came twice from  | the 7th   | 1414 1 21   | 54 IIIE 11   | aud and                          |
| L'SO NOT HAD OUR   | WHITES  | LAUNDER   | ED NO A  | AVE                              |
| YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM<br>DATE AND INITIAL TO  | MORE THAN 2 DAYS SINCE  | WRITING AND/OR DATING IT  | ORIGINALLY YOU WILL BE TO  | E M&D-                           |
| SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE A  | O ACCURATELY REFLECT THE                                      | DAY YOU CHOSE TO SUBMIT I   | HE FORM.   | KED TO REVISE THE                |
| SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE C  | UANDO LA ENTREGO Y LE PUSO<br>INICIALES PARA SUMITI           | LA FECHA DESDE UN PRINCIPIO, E<br>IR SU FORMA)  | S NECESARIO QUE CAMBIE. LA FE  | CHA Y INCLUYA SUS                |
| E OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING bre del personal o presos que tengan información:)  | THIS COMPLAINT:   | Service Services  | AND DATE: (Firma del Preso/Fech  |                                  |
| ryone living and working 4F t  | he last mon   | the Marie   | A The A  | 1117518                          |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION,<br>AND EMERGENCY GRIEVANCES. IF THE INMATE G   | /UNIT MUST REVIEW AND SI                                      | GN ALL GRIEVANCES ALLEGO  | 16041  | (0,23,44)                        |
| AND EMERGENCY GRIEVANCES. IF THE INMATE GI<br>PLATOON COUNSELOR (Print):   |   | NATURE, THE SUPERINTENDEN   | STAFF USE OF FORCE, STAFF<br>TMUST INITIATE IMMEDIATE  | MISCONDUCT,                      |
| C. P. V  | SIGNATURE:  | 7   | DATE CRW/PLATOON COU   | NSELOR RECIEVED:                 |
|  |   | N. W.   | 1 1 1 1 1 7  |                                  |
| RINTENDENT/DIRECTOR/DESIGNEE (Print):  | SIGNATURE:  |   | 1056113  |                                  |
| RINTENDENT/DIRECTOR/DESIGNEE (Print):  D)(SEP 14)  (WHITE CORY - INMATE)   | SIGNATURE:  | 0   | DATE REVIEWED:   | 6.                               |

| (Formulario de Que   | A STATE OF THE PARTY OF THE PAR |  |  |
|--|--|--|--|
| GRIEVANCE FORM PROC  | LETED BY INMATE SERVICES STAFF   |  | solo por el personal de Inmate Services !)   |
| <b>\</b> /,  |  | REFERRED TO:   |  |
| EMERGENCY GRIEV  | ANCE   | CERMAK HEALT   | H SERVICES   |
| ☐ GRIEVANCE  |  | SUPERINTENDE   | NT:  |
| ☐ NON-GRIEVANCE (R   | REQUEST)   | OTHER:   |  |
|  | INMATE INFORMATIO  | N (Información del Preso)  |  |
| PRINT - INMATE LAST NAME (Apellido del Preso):   | PRINT - FIRST NAME (Primer   | Nombre):   | INMATE BOOKING NUMBER (# de identificación del detenio   |
| DIVISION (División):   | LIVING UNIT (Unidad):  |  | DATE (Fecha):<br>10, 25.15   |
| INMATE'S   | BRIEF SUMMARY OF THE COMP  | LAINT (Breve Resumen de  | los Hechos del Preso):   |
| <ul> <li>Inmate Disciplinary Hearing Board deci</li> <li>When a grievance issue is processed as</li> </ul> | a NON-GRIEVANCE (REQUEST), an inma<br>uest or the response is deemed unsatisf<br>orm.<br>le requiere que lo haga dentro de los 15  | rough the use of an Inmate Grie<br>ate may re-submit the grievanc<br>actory.<br>dias después del incidente | vance Request/Response/Appeal Form.<br>e issue after 15 days to obtain a "Control Number" i                |
| Un preso que desea llenar una queja, se     Las decisiones del Comité Disciplinario d                      | le los presos, no podrán ser cuestionadas<br>QUEJAS NO (PETICION), un preso podría   | o Apeladas a través del uso del<br>re-someter una Queja después  | Formulario de Quejas/Respuesta/Forma de Apelación<br>de los 15 días para recibir un "Numero de Control", y |

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE CONPLETED (Acción que esta solicitado, Esta sección debe completarse)

Serious y and importantly 3s that 3s there are a sum of the area of the ar

| Everyone living and working  | 4f the 12st month Zens   | e d. fratt/ 10.23.10  |
|--|--|---|
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DI<br>AND EMERGENCY GRIEVANCES. IF THE INI | IVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES AI<br>MATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINT | LLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, FENDENT MUST INITIATE IMMEDIATE ACTION. |
| CRW/PLATOON COUNSELOR (Print):   | SIGNATURE:   | DATE CRW/PLATOON COUNSELOR RECIEVED:  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):  | SIGNATURE:   | DATE REVIEWED:  |

| COOK COUNTY SHERIF  | ASOPPICE THIE  | GRIEVANCE HOOM                                       | GRIEVANCE (REQUEST         | P#1334  |
|---|--|--|----------------------------|---|
| (Oficina del Alguacil del Condo   | ado de Cook)   | CONTROL  |                            | INMATE ID#                                      |
| INMATE GRIEVANCE F  | 1200 1 1 4   |  |                            |   |
| (Formulario de Queja del Preso  | The state of the s | NLY! (! Para ser llenado                             | solo por el personal d     | de Inmate Services I)                           |
| GRIEVANCE FORM PROCESSED AS   | TO SEVERAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE P | REFERRED TO:   |                            |   |
| EMERGENCY GRIEVANCE (M  |  | CERMAK HEALT   | TH SERVICES                |   |
| GRIEVANCE COM   | + 4 9 1  |  |                            |   |
|   | . 1  | SUPERINTENDE   | NI:                        |   |
| □ NON-GRIEVANCE (REQUEST)   | humber.  | ☐ OTHER:   |                            |   |
| PRINT - INMATE LAST NAME (Apellido del Preso):  | The second secon | (Información del Preso)                              |                            | <b>LIPERIKAN</b>                                |
| WYATT   | PRINT-FIRST NAME (Primer N   | (ombre):   | 201101                     | MBER (# de identificación del detenido) 3 5 (52 |
| DIVISION (División):  | LIVING UNIT (Unidad):  |  | DATE (Fecha):              | ,   |
| 08  | 44   |  | 10.25                      | , (>  |
| INMATE'S BRIEF SUN  | MARY OF THE COMP   | AINT (Breve Resumen de                               | los Hechos del Preso,      |   |
| An inmate wishing to file a grievance is required to     Inmate Disciplinary Hearing Board decisions cannot     When a grievance issue is processed as a NON-GRIE | be grieved or appealed thre  | ough the use of an Inmate Gr                         | evance Request/Respor      | nse/Appeal Form.                                |
| there has been no response to the request or the re Only one (1) issue can be grieved per form.   | esponse is deemed unsatisfa  | ctory.   |                            |   |
| <ul> <li>Un preso que desea llenar una queja, se le requiere q</li> <li>Las decisiones del Comité Disciplinario de los presos,</li> </ul>                         | no podrán ser cuestionadas   | Apeladas a través del uso de                         | l Formulario de Quejas/l   | Respuesta/Forma de Apelación.                   |
| Cuando una Queja se procesa como una QUEJAS NO<br>sea porque no hay una respuesta o porque la respues   | (PETICION), un preso podría sta es insatisfactoria.  | re-someter una Queja despué.                         | s de los 15 días para reci | bir un "Numero de Control", ya "                |
| Sólo una queja por formulario   |  |  |                            |   |
| DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCID  | ENT (Hora Del Incidente)   | SPECIFIC LOCATION OF                                 | INCIDENT (Lugar Especifi   | co Del Incidente)                               |
| 18.25.15   ALT  | -day/high  | T RIU,   | Unit 4                     | <i>F</i>  |
| and bedroll from 3-11   | officers,  | and receive  | d both                     | Hydrocortison                                   |
| Cream 17. and Baci  | tracin, U.   | SP for my  | ankle                      | and leg   |
| injuries from scratch   | ng bugs  | h my sleep   | > from 3                   | -11 Nouse House                                 |
| who is ALWAYS help  | the. this  | happened (   | to mo b                    | 0012410   |
| CCDOC and it's nur  | ses allowed  | the bug  | s to fest                  | er, multiply                                    |
| and attack for over.  | three weeks  | since bein   | g reported                 | That's deliberate                               |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MUS  | T BE COMPLETED (Acción q   |  | debe completarse)          | Los the inditte                                 |
| next time bedy lice atta  | ck and eat   | on me whil   | e OKDOC                    | and it's  |
| hursel do nothing   | I want.  | to as to 1.  | he bruber                  | show and ext                                    |
| my toenzils for the f   | irst time in   | . three mont   | hs. And I                  | Want serious com                                |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FO<br>DATE AND INITIAL   |  | CE WRITING AND/OR DATING<br>HE DAY YOU CHOSE TO SUBN |                            | VILL BE ASKED TO REVISE THE                     |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QU   | E CUANDO LA ENTREGO Y LE PU<br>INICIALES PARA SUI  |  | IO, ES NECESARIO QUE CAI   | MBIE LA FECHA Y INCLUYA SUS                     |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDII<br>(Nombre del personal o presos que tengan información:)  | NG THIS COMPLAINT:   | INMATE SIGNA   | TURE AND DATE: (Firma del  | Preso/Fecha):                                   |
| Everyone living and working   | 4F the last  | month Frank  | a d. Thy                   | all/10.25.15                                    |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION AND EMERGENCY GRIEVANCES. IF THE INMAT   |  |  |                            |   |

| CRW/PLATOON COUNSELOR (Print):            | SIGNATURE: | DATE CRW/PLATOON COUNSELOR REC | CIEVED: |
|---|------------|--------------------------------|---------|
| 1200kg                                    | I Chu IX   | 10/26/153                      |         |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): | SIGNATURE: | DATE REVIEWED:                 | 1       |

#### Case: 11 116 (IV) PART DOWN HER LET SUFFICE #: 61 FFI LEED : OF A LEVEL OF A (Oficina del Alguacil del Condado de Cook) CONTROL# **INMATE ID#** INMATE GRIEVANCE FORM (Formulario de Queia del Preso) THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services!) REFERRED TO: GRIEVANCE FORM PROCESSED AS: CERMAK HEALTH SERVICES EMERGENCY GRIEVANCE GRIEVANCE SUPERINTENDENT: NON-GRIEVANCE (REQUEST) OTHER: INMATE INFORMATION (Información del Preso) INMATE BOOKING NUMBER (# de identificación del detenido) PRINT - FIRST NAME (Primer Nombre): PRINT - INMATE LAST NAME (Apellido del Preso): 2015 090500 1 Stanley ruma DIVISION (División) 10-5-15 INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso): An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving. Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form. When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory. Only one (1) issue can be grieved per form. Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria. Sólo una queja por formulario DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (Hora Del Incidente) SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente) D: V 8 10-5-15 I was at my bed & observe a lice on the floor crwaling to my bunk. There has been 5 times that this lice has been poped up. The staff change our lines but did not change our clothes The ACTION THAT YOU ARE REQUESTING. THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) quartine for lice also all clothes & linen be change IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE

DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LÁ ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS

| INICIALES PARA SUMITIR SU FO  | ORMA)   |
|---|---|
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: | INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): |
| Nombre del personal o presos que tengan información:)                   |   |

| AND EMERGENCY GRIEVANCES. IF THE INMA     | TE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTE | NDENT MUST INITIATE IMMEDIATE ACTION. |
|---|--|---------------------------------------|
| CRW/PLATOON COUNSELOR (Print):            | SIGNATURE:   | DATE CRW/PLATOON COUNSELOR RECIEVED:  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): | SIGNATURE:   | DATE REVIEWED:                        |

#### Casse: 11 1166 cov 9048455 Doocumentt#: 61 Fileed: 00541209/1166 Pragge 4411 off 445 Pragge ID ##14016

| $\wedge$    |
|-------------|
| COOK COUNTY |
| SHERIFF     |
| 1           |

COOK COUNTY SHERIFF'S OFFIC (Oficina del Alguacil del Condado de Cook)

| E   | 0 | 20 | 2  | 15       | Ц | 1 |
|-----|---|----|----|----------|---|---|
| / A |   |    | 50 | 75<br>PM | 1 | 1 |

GRIEVANCE

NON-GRIEVANCE (REQUEST)

| INMATE GRIEVANCE F  | RESPONSE / APPEAL FORM   | CONTROL#   |
|---|--|--|
|   | Respuesta / Forma de Apelación)  | 2015 > 5543  |
|   | INMATE INFORMATION (Información del Preso  |  |
| INMATE LAST NAME (Apellido del Preso):                      | INMATE FIRST NAME (Primer Nombre):   | ID Number (# de identificación):   |
| Crume   | Stanley  | 20150905001  |
| GRIEVANCE<br>(EMERGENCY GRIEVANCES ARE                      | / NON-GRIEVANCE (REQUEST) REFERRAL THOSE INVOLVING AN IMMEDIATE THREAT TO THE WE   | & RESPONSE  LFARE OR SAFETY OF AN INMATE)                                |
| CRW / PLATOON COUNTED ONE CUMMARY OF THE COMPLAINT          | inditions  |  |
|   | The state of the s |  |
|   |  |  |
| IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applica      | able):   |  |
|   |  |  |
|   |  |  |
| CRW / PLATGON COUNSELOR REFERRED THIS GRIEVANCE / /F        | REQUEST TO (Example: Superintendent, Cermak Health services, Pers  | sonnel): DATE-REFERRED:  |
| RESPONSE BY PERSONNEL HANDLING REFERRAL:                    |  | 10/6/15  |
| TA  | Now Care of on   | 130CT15 ON   |
| 3rd SHIT  | jan SGT fork   |  |
|   |  |  |
| PERSONNEL RESPONDING TO GRIEVANCE (Print):                  | IGNATURE: DIV.   | DEPT. DATE: 10 1 15/15   |
| Superintendents of a division/unit must review a            | all responses to grievances alleging staff use of for  |  |
|   | The state of the s | DEPT. DATE:  |
|   | and the same of th |  |
| NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable      | box): INMATE SIGNATURE (Firma del Preso):  | DATE RESPONSE WAS RECEIVED:<br>(Fecha en que la respuesta fue recibida): |
| GRIEVANCE SUBJECT CODE:                                     | - 2+0 (  | 12   |
| NON-GRIEVANCE SUBJECT CODE:                                 | - Danly Crune  | 70 1 13 1 15   |
| INMATE'S R  | EQUEST FOR AN APPEAL (Solicitud de Apela   | ción del Preso)  |
| * To exhaust administrative remedies                        | s, appeals must be made within 14 days of the da   | te the inmate received the response.                                     |
|   | sometidas dentro de los 14 días; a partir que el pre   |  |
| DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha              | todas las posibles respuestas administrativas.  de la solicitud del la apelacion del detenido):  | 1 19 1 15  |
| NMATE'S BASIS FOR AN APPEAL (Base del detenido para una api | elacion):  |  |
| 1   |  |  |
| They never quarti   | ne the unit or took  | out linen for exchange   |
| or matters. It on   | Camera   | they only came on  |
| the days on clothe  | s change that all +  | her ofind  |
|   | S'S ACCEPTANCE OF INMATE'S APPEAL? ada por el administrador o/su designado(a)?   | Yes (Si) No  |
|   | N (Decision p recomendacion por parte del administrador o / su desig   |  |
| I Co  | S (Bedision) recommendation por parte del administrator o / su desig   | nado(a)):  |
| She address   | iscul de- UV, Stat   |  |
|   |  |  |
| ADMINISTRATOR DESIGNEE (Administrador o / su Designado(a)): | SIGNATURE (Firma del Administrador o / su Designado  | DATE (Fecha):  |
| NMATE SIGNATURE (Firma del Preso):                          |  | DATE INMATE RECEIVED APPEAL RESPONSE:                                    |
| XIII  |  | (Fecha en que el Preso recibio respuesta a su apelacion):                |

WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE

| Cango Di COUNTY SHE RIFF  | SOFFICE: 61. FFI lead        | 1:054/1209/1166   Parque 422<br>  GRIEVANCE   NON-G | off 486 Paged D#           | # <b>14027</b>   |
|---|------------------------------|---|----------------------------|--|
| (Oficina del Alguacil del Condado   | econe economica do           | CONTROL#  | microsco (microsco)        | INMATE ID #  |
| (Formulario de Queja del Preso)   |                              |   |                            |  |
| ! THIS SECTION IS TO BE COMPLETED BY INMA   | ATE SERVICES STAFF O         | NLY! (! Para ser llenado so                         | plo por el personal de     | Inmate Services I)   |
| GRIEVANCE FORM PROCESSED AS:  |                              | REFERRED TO:  |                            | innate services :/   |
| ☐ EMERGENCY GRIEVANCE   |                              | ☐ CERMAK HEALTH SERVICES                            |                            |  |
| GRIEVANCE   |                              | SUPERINTENDENT:                                     |                            |  |
| ☐ NON-GRIEVANCE (REQUEST)   |                              | OTHER:  |                            | The state of the s |
| INIA  | AATE INCORMATION             |   |                            |  |
| PRINT - INMATE LAST NAME (Apellido del Preso):  | RINT - FIRST NAME (Primer No | (Información del Preso)                             | INMATE BOOKING NUMBE       | R (# de identificación del detenido)   |
| Hampton   | Jerard                       |   | 2015011                    | 1290   |
| DIVISION (DIVISION):  | VING UNIT (Unidad):          |   | DATE (Fecha):              | 12-10  |
| INMATE'S BRIFE SUMMA  | ARY OF THE COMPL             | AINT (B   | 10-5-15                    |  |
| An inmate wishing to file a grievance is required to do so  |                              | AINT (Breve Resumen de los                          | Hechos del Preso):         | P. Co. C. Davids   |
| miniate disciplinary Hearing Board decisions cannot be a  | grieved or appealed throu    | ugh the use of an Inmate Caleur                     | nce Request/Response       | /Appeal Form.  |
| there has been no response to the request or the respon   | NCE (REQUEST), an inmate     | may re-culpmit the griouance is                     | ssue after 15 days to ob   | tain a "Control Number" if   |
| Only one (1) issue can be grieved per form.      Un preso que desea llengrupa quela, so la sociale que la contraction de la contracti |                              |   |                            |  |
| Un preso que desea llenar una queja, se le requiere que lo Las decisiones del Comité Disciplinario de los presos, no po Cuando una Queja se procesa como una QUEJAS NO (DETI  | odrán ser cuestionadas o     | Analadas a travás del use del Fe                    | rmulario de Quejas/Resp    | ouesta/Forma de Anelación  |
| sea porque no hay una respuesta o porque la respuesta es  | ICIONI, un preso pontin re   | e-someter una Queja después de                      | los 15 días para recibir o | ın "Numero de Control", ya   |
| Sólo una queja por formulario   |                              |   |                            |  |
| DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (   | (Hora Del Incidente)         | SPECIFIC LOCATION OF INC                            | IDENT (Lugar Específico D  | el Incidente)  |
| 10-5-15 11:08 Arm Amorox 8-4F   |                              |   |                            |  |
| We have been deali  | ing with                     | a lice info   | estation.                  | for alor   |
| a week and CCDa   | ou has                       | not exterm  | the host on                | no lica  |
| problem I have been   | treated                      | once for li   | a though                   | daus agn   |
| but the intestation of  | problem 5                    | till exist T  | his is d                   | O liberate   |
| indifference to all 3   | 9 inmates                    | on 4F K   | 2000150                    | 2000/2 000   |
| Still finding bugs (lice  | Jalso I                      | mont ha   | en able                    | to Change Clothe   |
| ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE  | COMPLETED (Acción que        | esta solicitado, Esta sección deb                   | e completarse)             | man y  |
| CDOC to take care of  | of the li                    | co infostat   | 200 00                     | 11 Eard  |
| let everyone Change lie   | nens. Cloth                  | sand mal  | ON SONE                    | Trano  |
|   | asperen                      | yara mat  | 162262                     |  |
| IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM M   | AORE THAN 2 DAYS SINCE       | WRITING AND/OR DATING IT                            | ORIGINALLY, YOU WILL I     | BE ASKED TO REVISE THE   |
| STATE INTIAL IOA  | ACCORATELT REFLECT THE       | E DAY YOU CHOSE TO SUBMIT T                         | HE FORM.                   |  |
| (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUA  | INICIALLS PARA SUIVIII       | ) LA FECHA DESDE UN PRINCIPIO, ES<br>FIR SU FORMA)  | NECESARIO QUE CAMBIE       | LA FECHA Y INCLUYA SUS   |
| NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THE<br>Nombre del personal o presos que tengan información:)  | IS COMPLAINT:                | INMATE SIGNATURE                                    | AND DATE: (Firma del Preso | o/Fecha):  |
| aboll had Vido Moreno   |                              | 1-del   | m+ 10                      | -5-15  |
| SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UI AND EMERGENCY GRIEVANCES. IF THE INMATE GRIE  | NIT MUST REVIEW AND S        | IGN ALL GRIEVANCES ALLEGING                         | STAFF USE OF FORSE         |  |
| RW/PLATOON COUNSELOR (Print):   | SIGNATURE:                   | NATURE, THE SUPERINTENDEN                           |                            | DIATE ACTION. N COUNSELOR RECIEVED:  |
| Crw Bodler  | (rw                          | 1   | 10/6/                      | 15   |
| UPERINTENDENT/DIRECTOR/DESIGNEE (Print):  | SIGNATURE:                   | 0   | DATE REVIEWED:             |  |
| N-40)(SEP 14) (WHITE COPY – INMATE SE   | RVICES) (VELLOW              | / COPY - CRW/PLATOON COLINS                         | (COD)                      |  |

### Casse: 11: 1166 cov 00498455 (Doncumentt#: 61 FFiled): 0054120911166 (Pagge 443) of f 446 (Pagge) ID ## 1408)



COOK COUNTY SHERIFF'S OFFICE 0335252 (Officina del Alguacil del Condado de Cook)

| _            |     |     |    |    |
|--------------|-----|-----|----|----|
| $\mathbf{Z}$ | CD  | IEV | AA | CE |
|              | SIL | IEV | MI |    |

NON-GRIEVANCE (REQUEST)

| $\wedge$    |
|-------------|
| COOK COUNTY |
| SHERIFF     |
|             |

**INMATE GRIEVANCE RESPONSE / APPEAL FORM** 

| (Petición de Queja del Preso   | / Respuesta / Forma de Apelación)                                   | 2015  | × 5542  |  |
|--|---|---|---|--|
|  | INMATE INFORMATION (Informace                                       | ión del Preso)                                    |   |  |
| INMATE LAST NAME (Apellido del Preso):   | INMATE FIRST NAME (Primer Nombre):                                  |   | ontificación):<br>011-1290  |  |
| (EMERGENCY GRIEVANCES ARE  | I / NON-GRIEVANCE (REQUEST) F<br>THOSE INVOLVING AN IMMEDIATE THREA | REFERRAL & RESPONSE<br>IT TO THE WELFARE OR SAFET | OF AN INMATE)   |  |
| CRW / PLATOON COUNSELOR'S SUMMARY OF THE CAMPI AIN   | ditions   |   | And the second  |  |
| 3  |   | The second  |   |  |
| IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applic  |   |   | A VISION TO STATE OF THE STATE |  |
| IIIIIII ESIN ESIN I EN OON OONSELON NESPONSE (II appilio   | acie):  |   |   |  |
|  |   |   |   |  |
| CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / /R   | REQUEST TO (Example: Superintendent, Cermak Hea                     | alth services, Personnel):                        | DATE REFERRED:  |  |
| RESPONSE BY PERSONNEL HANDLING REFERRAL:   | - 1 11 - 1 1  |   | 10/0/0  |  |
| WITH ALL LINE  |   | DRESSED 6   | 13 oct 15   |  |
| CARE OF ON THE   | WS Unitoms  | AND MATTRE  | T Cook  |  |
| PERSONNEL RESPONDING TO GRIEVANCE (Print):   | IGNATURE:   | DIV. / DEPT:                                      | DATE:   |  |
| Superintendents of a division/unit must review   | all responses to ariousness all rivers                              | 8/174   | 16   15   15  |  |
| Superintendents of a division/unit must review superintendent/DIRECTOR/DESIGNEE (Print): s   | ignature:   | DIV. / DEPT.                                      | uct and emergency grievances.  DATE:  |  |
| NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable   |   |   |   |  |
| GRIEVANCE SUBJECT CODE:  | box): INMATE SIGNATURE (Firma del Preso):                           | 1   | DATE RESPONSE WAS RECEIVED:<br>(Fecha en que la respuesta fue recibida):  |  |
| NON-GRIEVANCE SUBJECT CODE:  | - 1200-   | t   | 10,19,15  |  |
| INMATE'S R   | EQUEST FOR AN APPEAL (Solicit                                       | ud de Apelación del Preso)                        |   |  |
| * To exhaust administrative remedies   | s, appeals must be made within 14 da                                | ys of the date the inmate rec                     | ceived the response.  |  |
| * Las apelaciones tendrán que ser sometidas dentro de los 14 días: a partir que el preso recibió la respuesta para acetar.                     |   |   |   |  |
| todas las posibles respuestas administrativas.  DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): |   |   |   |  |
| NMATE'S BASIS FOR AN APPEAL (Base del detenido para una ap   |   |   | 0 11  |  |
| infectation on aux   | they riever   | took care   | of the  |  |
| ravent even changed the mattresses and they only   |   |   |   |  |
| hanged uniform twice and no launday has been cleaned.  |   |   |   |  |
| ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  Yes (Si)  |   |   |   |  |
| ¿ Apelación del detenido aceptada por el administrador o/su designado(a)?  |   |   |   |  |
| DMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):               |   |   |   |  |
| ISHE WAS Attressed for all Soft.   |   |   |   |  |
| DMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):   | SIGNATURE (Firma del Administrador d                                | (ou Doolanadola)                                  |   |  |
| Mudle  | January Control of Administrator Co                                 | r su Designatura):                                | DATE (Fecha):   |  |
| MATE SIGNATURE (Firma del Preso):  | A T   |   | /ED APPEAL RESPONSE:<br>precibio respuesta a su epelacion):   |  |

#### Casse: 11:1166-cov-00498455 (Doorcumeentt#: 61 FFileed: 0054/209/1166 (Pragge 4444 off 4466 (Pragge) (D ## 1409)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)



GRIEVANCE

NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

| (Petición de Queja del Preso / Respuesta / Forma de Apelación)   | 2015                 | X 5924   |  |  |
|--|----------------------|--|--|--|
| INMATE INFORMATION (Información del Pro  | eso)                 |  |  |  |
| INMATE LAST NAME (Apellido del Preso): INMATE FIRST NAME (Primer Nombre):  | ID Number (# de iden |  |  |  |
| Duett Darnell  |                      | 0626293  |  |  |
| GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRA  (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE  |                      | OF AN INMATE)  |  |  |
| CRW/PLATOON COUNSELOR'S SYMMARY OF THE COMPLAINT ON ditions  | The second of        |  |  |  |
| 1 10 EIVIS CONGINONS   | Tar Wall             | OF REAL PROPERTY.  |  |  |
|  |                      |  |  |  |
| IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):  | Park Ship            |  |  |  |
|  |                      |  |  |  |
|  | Ing I Tay Tay        | A CONTRACTOR   |  |  |
| CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / /REQUEST TO (Example: Superintendent, Cermak Health services,  | Personnel):          | DATE REFERRED:   |  |  |
| RESPONSE BY PERSONNEL HANDLING REFERRAL:   | BEEN                 | ANNOCCES   |  |  |
| RY MEDICAL STAFE THE DIVING  | TAMA                 | SALITATION   |  |  |
| OFFICE 2 AND THE CODAL SANTTAG   | TAN.                 | SHALL THILL SHO  |  |  |
| PERSONNEL RESPONDING TO GRIEVANCE (Print): SIGNATURE:  | DIV. / DEPT.         | DATE:  |  |  |
| 15.7. THILLIPS STANDARD  | 08/174               | 10/31/15   |  |  |
| Superintendents of a division/unit must review all responses to grievances alleging staff use of SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): SIGNATURE:  | force, staff miscond | uct and emergency grievances.  |  |  |
| Side and the second sec | DIV. / DEP1.         | 1 1  |  |  |
| NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box): INMATE SIGNATURE (Firma del Preso):   |                      | DATE RESPONSE WAS RECEIVED:<br>(Fecha en que la respuesta fue recibida): |  |  |
| GRIEVANCE SUBJECT CODE:  NON-GRIEVANCE SUBJECT CODE:   |                      | (recita en que la respuesta fue tectulua).                               |  |  |
|  |                      | 11/16/14   |  |  |
| INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)  |                      |  |  |  |
| * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.  |                      |  |  |  |
| * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar  |                      |  |  |  |
| todas las posibles respuestas administrativas.  DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):   |                      |  |  |  |
| INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):   |                      |  |  |  |
| THINK LO DAGIOT OF ANY AFF EAL (Base del deterino para una aperación).   |                      |  |  |  |
| No it have not been addressed  | by int               | dieal Staff  |  |  |
| not Squitation officers as Should b  | E. THERE             | was more   |  |  |
| 34+ hap Foil ation 17+10mhi 340 heat   | , bart               | Not SEEN tracted   |  |  |
| ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  | Yes (Si              | No   |  |  |
| ¿ Apelación del detenido aceptada por el administrador o/su designado(a)?  ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su g  |                      | W)   |  |  |
| ADMINISTRATORY DESIGNACES DECISION ON RECOMMENDATION (Decision o recomendación por parte del administrador o 7 su c  | gesignado(a)):       |  |  |  |
| CAMINOI 10-base to 2009  |                      |  |  |  |
| ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): SIGNATURE (Firma del Administrador o / su Designado  | no fotolii:          | DATE (Feeba)   |  |  |
| Signature (Paris de Aguillas ador o su besignado).   | hado(a)).            | DATE (Fecha):  |  |  |
| NMATE SIGNATURE (Firma del Preso):   |                      | /ED APPEAL RESPONSE:<br>o recibio respuesta a su apelacion):             |  |  |
| Dann Dut   | 12                   | 1115   |  |  |

Carace: 11:1166 cox 40448455 (Doncument)##: 61 Hillerd: 054420 1166 (Prayer 445 off 446 (Prayer 10)#1450 Multi: Like

LICEA

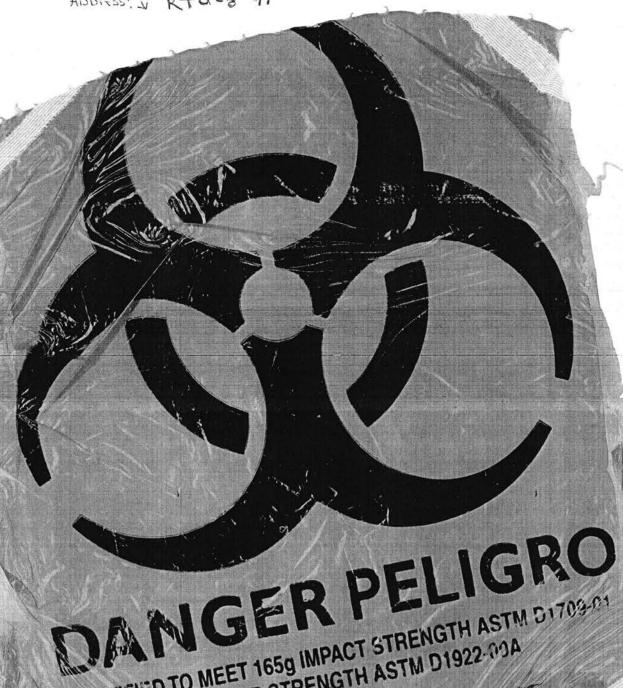
Casse: 11:116-0xv-00498455 (Doccumeent #: 61. FFileed: 0054/209/1166 (Pragge: 4466 of f 446 (Pragge! ID ## 1461.

## EXHI

DATE: 10-12-15

NAME : 4 DARNEIL DUETT

ADDITIS: 4 RTU-8 4F



# CERTIFIED TO MEET 1659 IMPACT STRENGTH ASTM D1703-01 4800 TEAR STRENGTH ASTM D1922-00A

ANDRESS:



